

THE
MEDICAL EXAMINER,
AND
RECORD OF MEDICAL SCIENCE.

NEW SERIES.—No. XLII.—JUNE, 1848.

ORIGINAL COMMUNICATIONS.

On Etherization. By PROFESSOR LINDSLY, of Washington, D. C.

To the Editor of the Medical Examiner.

Having observed, in several papers, notices of the Report which I presented at the late meeting of the American Medical Association in behalf of the Committee on Obstetrics, that are erroneous in various respects, I beg leave through your valuable journal to offer a few remarks on etherization, in which some of these errors will be corrected.

It has always been very remote from my intention, to take an ultra or partizan stand in favour of etherization in midwifery. I believe, in the very great majority of cases, no interference with the natural progress of labour is necessary or justifiable, but I also believe that there are cases where it is proper for the practitioner to resort to a remedy, which is confessedly efficient in relieving pain, and which I have no doubt is, with due caution, entirely safe. And I regret to see physicians of high standing in the community, not only condemn without trial, but take the lead

in denouncing, means, of which they are *experimentally* ignorant, thus reversing the sound advice of Hunter to Jenner—"Do not think, but try,"—for these gentlemen say by their actions, "we will think (and condemn,) but we will not try."

Those who object to the TRIAL of chloroform in midwifery as unsafe, seem to forget that it is possible to make a trial of it without producing the *full* anæsthetic effect. I contend, and I know it by personal observation, that an effect very far short of complete anæsthesia, will give very great relief, by allaying pain, and especially by soothing that nervous excitability, which is so distressing to many parturient women. The inhalation of ten or twenty drops of chloroform will often accomplish this, and I do not believe a patient can be found who could not inhale this quantity with perfect safety, especially if the handkerchief or sponge be occasionally removed (for a moment) from the mouth or nostrils, so that atmospheric air alone may be inspired. There can be no doubt, that chloroform, like all other narcotics, *can* be given in doses that are unquestionably safe, and that these smaller doses may be of great benefit, without giving entire relief, just as opium or any other anodyne may soothe pain, without wholly removing it. *Complete* insensibility cannot be produced by opium, without giving it in dangerous quantities, and yet no one pretends for a moment that this is any reason, why it should not be employed in quantities that are safe, for the purpose of affording *partial* relief. If we should admit, therefore, for the sake of argument, that chloroform cannot be safely given so as to produce complete anæsthesia, there still remains the same reason for prescribing it, as leads us to the use of other narcotics, viz : that it can be given with perfect safety, so as to relieve pain, without causing insensibility. Its safety (given in this way) and efficiency being admitted, it unquestionably possesses three most important advantages over opium : it produces its effect almost instantaneously ; it does not retard, but rather hastens the progress of the labour ; and it causes no ulterior bad results.

The important practical doctrine which I wish to inculcate is this : that sufficient evidence has now been adduced in favour of etherization in midwifery practice—it having been employed in probably two thousand cases without a single fatal result—to render it the duty of the profession to give it farther trial, to ex-

periment with it, cautiously and judiciously, in order to see if we cannot finally arrive at general laws and principles, which will enable us to administer it without danger or apprehension.

Washington, May 11th, 1848.

Remarkable Case of Uterine Hemorrhage, terminating fatally.

By F. L. SEWALL, M. D., of Jackson, Clark county, Ala.

Dr. R. M. HUSTON :

SIR,—If the subjoined detail of a case which lately fell under my observation, is of sufficient interest to merit a place in your journal, it is at your service.

On the 22d ult. a negro woman, slave of Mrs. H. near this village, aged 42, stout, strong, and in her usual health, after eating a full dinner, was engaged in light work some one hundred paces from the house; she was observed suddenly to stop and call for assistance. Mrs. H. started to her—the woman exclaimed make haste! Before Mrs. H. could reach her, she fell and never spoke again, but died within twenty minutes, the ground around her being covered with blood, apparently from uterine hemorrhage.

Early in life this woman had borne a child; subsequently she had been barren—suffering under dysmenorrhea. These are the facts preceding the death, as I learned from Mrs. H., a lady of good sense. I ought, however, to say more explicitly, that *nothing* but blood passed from the woman. With some difficulty I obtained permission to examine the body, assisted by my friend Dr. Baker. Externally the body presented nothing unusual. The uterus and ovaria were removed. The uterus was found hard and firm, and perhaps a little over usual size. Opening it, the walls were found to be eight or ten lines in thickness, of a uniform yellowish white colour. In the fundus of the uterus and imbedded in its substance, was a fibrous tumour three-fourths of an inch in diameter.

The cavity was filled with blood partially coagulated, but we found no ulceration, no abrasion, or any other unusual appearance; the cervix uteri about three-fourths of an inch in length, and with a diameter nearly or quite equal to its length, presented a white, shining and cartilaginous appearance, and the os uteri scarcely large enough to admit a *small* silver probe. The ovaria presented a shrunken appearance, and each one contained several small vesicles or cysts filled with dark blood.

I examined the place where she fell, there was neither stick nor stone; she could not then have sustained any external violence.

I will make no comments on the case, but say simply in conclusion, that I am not satisfied as to the cause or source of such a rapid loss of blood. I should be gratified to learn your opinion on the subject.

[The case narrated above seems to have been one of fatal syncope, arising from a sudden loss of blood; and, as the heart and great blood vessels were not examined, it is possible that lesions existed in some part of the circulatory apparatus, predisposing the individual to such a termination. As the cavity of the uterus "was filled with blood partially coagulated," and no ulceration or abrasion existed, the loss of blood was doubtless owing to a rapid exhalation from the lining membrane, such as frequently occurs from the lungs, stomach and intestines, nasal passages, &c. The fibrous tumour found in the fundus of the uterus, it is probable, had no agency in causing the hemorrhage. Such formations are constantly found in the organ, of considerable size, without causing very serious disturbance.—ED.]

On the Nitrate of Silver in Croup. By JAMES BRYAN, M. D., etc.

To Prof. Huston.

DEAR SIR,—The following case of membranous croup, treated by the application of the nitrate of silver, I send to you with the hope that some of my medical brethren will be induced to try the treatment in these confessedly mortal cases. I think it probable, that keeping the laryngeal opening patulous, until a change takes place in the disease, is of itself a great benefit, independent of the action of the salt upon the inflamed mucous membrane.

On the 21st of April, of the present year, I was called upon by my friend Dr. T. Beasley, to see with him the only child of Thomas Hutchinson, aged fourteen months, labouring under an attack of croup. From the conviction that it was a pure case of pseudo-membranous croup, little hope was expressed by Dr. B. that the child would recover. At 7 o'clock, P. M., the first application was made into the larynx, with a solution of forty grains of nitrate of silver to the ounce of water. The bent handle of a

silver spoon served as a spatula to depress and draw the tongue forward. The epiglottis was distinctly seen, and the sponge cut in a conical form, and firmly fastened to a properly curved piece of whalebone, was rapidly passed behind it, and into the larynx. A temporary spasm of the glottis followed, and a free discharge of membranous and mucous fluid took place. This was succeeded by an improvement in respiration. The pulse was one hundred and thirty per minute, and thready.

9½ P. M. respiration has improved somewhat; a free discharge of mucus by vomiting had taken place since the first application. The second application was followed by a copious flow of flaky and stringy mucus, white almost as milk; some blood from the nose was mixed with the discharge; epistaxis, however, has existed now and then, ever since the disease began.

22d. 8½ A. M. The child has passed a tolerably easy night, free bilious evacuations from the bowels, the effect of two grains of calomel administered every two hours, since yesterday morning. Respiration now easy; the head is not thrown back as before; the child is in a quiet sleep; pulse ninety-five and regular; drinks cold water freely since the first application of the nitrate.

Third application, sixty grains to the ounce, into the larynx, followed by less spasm, very little irritation, and by free expectoration. Continue calomel two grains every four hours.

7 P. M. Three or four stools have been passed during the day. The child lies languidly on the pillow, with its chin raised, but quiet. The respiration dry and difficult. The first attempt at an application this evening failed, on account of the restlessness of the child, and the spasm which followed was great, and continued for several minutes. In the second attempt I succeeded in passing the instrument far down into the larynx, and brought up with it a quantity of tenacious mucus. The withdrawal of the instrument was followed immediately by the discharge of a large quantity of thick membranous, tenacious, stringy mucus, somewhat streaked and yellowish, which resulted in the complete relief of the child, who laid back his head and went to sleep in a few seconds.

23d. 8½ A. M. The respiration of our patient is comparatively easy; slept well last night; has had four bilious stools. He is so much relieved that we resolve *not* to apply the salt at present, but

to hold ourselves in readiness to make the application, should it be demanded during the day.

6 o'clock P. M. The child is sitting on his mother's lap, playing with his toys. Respiration slightly stridulous; has taken bread and milk; had three stools during the day, and has slept comfortably. The throat, as far as can be seen, is free from the diphtheritic deposit which at the first and second visits, had been very evident, covering the fauces and soft palate with a milk coloured membrane. Made no application this time, but directed to continue calomel one-half grain every four hours, with one grain of quinine in syrup.

24. We met again at 9 $\frac{1}{4}$ o'clock, A. M., and found the child lying comparatively easy in the cradle; but little sound in the respiration, which was but slightly impeded; had passed a comfortable night, slept well, taken nourishment, and passed three stools; no application; calomel to be continued; consultation to cease. Dr. Beasley informs me that the child got perfectly well, without a bad symptom, and that he thinks that the application was the means of saving its life.

It will be seen that none of the usual remedies, such as bleeding, emetics, cathartics, tobacco, &c. &c., with the exception of a few grains of calomel, were used in this case.

Case of Somnambulism. By NEREUS MENDENHALL, M. D., of Jamestown, Guilford county, N. C.

To the Editor of the Medical Examiner.

I have recently met with a case of somnambulism which has a bearing on the present doctrine of Phrenology.

The somnambulist is Miriam G., aged about 17 years. As usual in such cases, after retiring to bed, she will get up, dress herself, walk about the house, and converse freely. At the time alluded to, there was a light in the room. Her eyes were open, and their expression was intelligent. I asked her many questions in geography, which she answered promptly and correctly, though some of them were proposed in a manner designed to puzzle.

But the point to which attention is invited is this: A bible printed in small type was handed to her; she took it and read

therein with facility, yet she failed to recognize the persons who were with her, though she knew some of them well. She mistook comparative strangers for her own brothers; indeed in the many trials made with her in this respect, I am not aware that she was right in any instance, except one, when her attention was called to an article of dress, which of itself distinguished the person who wore it.

Now, Phrenology teaches that we have no knowledge of any operations of the mind, except those performed through the medium of the brain, and that of this, a particular part is employed exclusively, in each mental manifestation. Whatever may be the manifestation, it is invariably connected with, and made through one, and always the selfsame organ, as much so as that the bile is always secreted by the liver, the urine by the kidneys, &c. It also teaches that there is an organ of *form* which is defined to be "that mental power which takes cognizance of the shape or configuration of objects, and recollects them;" and we are told that one who has this organ large, notices and recollects the countenances of people, detects typographical errors, &c. Lyman Cobb is mentioned as a very accurate proof reader, since he had this organ large.

This, then, and no other, is the organ by which all *forms* are taken notice of—letters as well as persons. Thus speaks Phrenology.

Now, in the case under consideration, this organ (if such there be) was either awake or it was not awake. If *awake*, why did not the girl, when specially directed thereto, distinguish other persons from her own brothers? If the organ was not *awake*, how could she read fine print?

I propose these questions to be answered by those who may be able, having myself no interest to serve for or against Phrenology, except as it rests on the basis of truth or of error.

Second month, 22d, 1848.

BIBLIOGRAPHICAL NOTICES.

Lectures on Yellow Fever, its Causes, Pathology, and Treatment.

By JOHN HASTINGS, M. D., United States Navy. 8vo. pp. 69.
Philadelphia: Lindsay & Blakiston. 1848.

Although we have had so much lamentable experience of yellow fever in the Southern portions of the Union; and the medical officers of the army and navy, both of this and other countries, have constantly been engaged, in certain latitudes, in observing and combating it, there is no disease whose etiology and pathology, and, in a certain degree, treatment, are more unsettled. Not long since, in noticing the appearance of another part of the valuable Cyclopædia of Dr. Copland, we referred in a pointed manner to the *quæstio vexata* of its communicability or non-communicability—a question as undecided as ever, and not, we think, set at rest by the testimony of the author of the work before us, notwithstanding that his impression is very decided, that it cannot be conveyed by one person to another.

The author of these "Lectures"—a member of that valuable corps, which has been and is an ornament and a credit to the profession—is one of those who was lately thrown in the midst of yellow fever. Yielding to the solicitation of his medical friends, on his return he concluded to prepare a paper on the disease whose devastations he had witnessed, and to which he had himself nearly fallen a victim. Perhaps in no case have the zeal and devotion to duty which were exhibited by him and some of his brother officers during the epidemic of last summer in the Gulf of Mexico, when sickness and death surrounded them on all sides, been exceeded. At the naval hospital on the island of Salmadina, the late Dr. Howard Smith and himself treated upwards of *four hundred cases*, and with great success. It was in this place that the veteran Dr. Kearney, who had volunteered his valuable services in the Gulf, breathed his last; and that Drs. Howard Smith and Bates were struck down in the active and fearless discharge of their duties. Owing, indeed, to the death and sickness of

nearly all the medical officers on the station, professional aid was not always at hand.

In the course of the whole epidemic in the Gulf, Dr. Hastings was engaged in the management of nearly, or quite, twelve hundred cases. He is surely, therefore, entitled to speak, and to be heard with respectful attention; and it was a merited compliment on the part of his auditors in Philadelphia to request that he should furnish them with a copy of his "Lectures" for publication.

Dr. Hastings admits, that the disease rests in much obscurity; but he is of opinion that there is no difficulty inherent in the subject, and that it is "owing to our want of research and investigation, and too great yielding of opinion to European authorities."

To a certain extent this may be true. Observers, however, in the Southern portions of the Union have been, and are, engaged in investigating its pathology, and it can scarcely be conceded, that the ideas of M. Louis "are made the constant criteria of this disease, from the fact that he once saw it," seeing that the testimony from these recent investigations, here and elsewhere, is somewhat unfavourable to his examinations being regarded as universally, or even generally admitted. M. Louis, himself, was especially careful that his descriptions should be considered as not applying to *all* epidemics of yellow fever. With the propriety and candor that distinguish him, he begs the reader of his work on the yellow fever of Gibraltar to remember, that it is not a treatise on yellow fever, but a history of *the epidemic yellow fever which prevailed in Gibraltar in 1828*. "All the general facts"—he states emphatically,—“which result from my analysis, may not be found in other epidemics.”

We cannot follow the author through all the topics which he has discussed, but must confine ourselves to those that are the most important, touching upon them in the sequence adopted by him.

His views on the etiology of the disease are not calculated, we think, to satisfy the good generalizer. "I feel perfectly satisfied," he says, "in my own mind, that there is but one cause capable of exciting this disease; and that cause is to be found in the malaria, or exhalations from alluvial or marshy soil, and that

too, from marshes subject to periodic inundation and draining. The period at which the poison is eliminated is after the draining of extensive marshes, and during the process of desiccation. Close attention to the subject, and well directed observation, make this clear to the mind, wherever the disease is found in the endemic form, and it is only met with in such situations and at such times. This is clearly proven by the condition of things in the lower portion and marshy districts of Florida, where the disease is endemic, and often prevails to a frightful extent, and where it was my fate to see it in its worst form.

“Now here we have the two conditions of soil brought in immediate contrast, viz. : That constantly inundated, and that subject to periodic inundation and draining. And whilst the disease is frequently raging in one situation it is never known in the other. Thus, when the men were operating in the everglades of Florida, during the late Seminole war, they were never attacked by the disease, whilst those kept outside upon the coast, and in the mouths of rivers, were sickening and dying of the fever. The everglades are low marshy districts, having a coral base, deeply covered by decayed vegetable matter, and always covered by fresh water, being the sources of several rivers emptying into the sea. Upon approaching the coast, however, we find these marshes subject to periodic overflowing and draining. And here alone we have the disease, and that too after the rainy season. This, I believe, is also the case in every part of the West Indies where the disease prevails. And this was found to be true in Mexico in the epidemic of last year : here, also, the disease is confined to the same condition of soil, for it is not found upon the elevated and dry lands, but always confined to the districts of drying marshes.” p. 23.

It is evident from the above, that the author considers the source of yellow fever as of intermittents and remittents to be paludal ; and if any doubt existed on this subject, it would be removed by the following assertion :

“Intermittent fever, I believe, is universally admitted to be the result of marsh miasmata. Now it is positively certain, that where yellow fever prevails, there also is every variety of intermittent, and very generally all varieties of remittent and bilious fevers : these diseases arising from the same cause by different degrees of

intensity of the poison. The cause of the varying qualities of this principle have never yet been explained, or fully comprehended, although its effects are constantly observed." p. 24.

We are not by any means satisfied with these sentiments, which seem to us to be suggested by a too restricted view of the subject. That the disease is an endemico-epidemic, or, in other words, caused by a union of local emanations with a favouring condition of atmosphere, can scarcely admit of question. Yet of the precise nature of these conditions we are in as much darkness as we are in regard to those that give occasion to fever unquestionably paludal.

Yellow fever prevails extensively where no marshes exist; whilst intermittents and remittents are fearfully rife where there is no yellow fever. Lamentable experience appears to teach us, that in certain regions, under the influence of elevated temperatures, localities exist that induce yellow fever; and yet in these very localities we often find all our speculations set at nought. We were much struck with an array of facts presented in a southern contemporary a few years ago, strongly illustrative of our ignorance on this subject. "The health of New Orleans,"—says the Editor of the *New Orleans Medical Journal* in referring to the deaths of that city in the summer and autumn of 1844—"was perhaps never known to be better than from the beginning of this year up to the present time. No epidemic whatever has prevailed; and the most extensive practitioners of the place unite in the testimony, that they have never had less to do during the same period. The summer has been the hottest ever experienced, with frequent showers during July and August. Thus, it would appear, we have had a large share of *two* of what have generally been considered the most *essential agents* in the production of the remote cause of summer and autumnal diseases; i. e., *heat* and *moisture*. As to the other ingredients, viz., *dead vegetable* and *animal matter*, one would suppose there never was any deficiency about such a place as New Orleans. Well, we have here all the *hypothetical elements* of *hypothetical malaria*—but where are the much dreaded consequences? We will go on with our statement of facts, and our readers may draw their own conclusions. The Mississippi, which runs along the borders of our city for about three miles, has probably not been higher within *fifty years* past.

Its waters, being considerably above the level of the city, were permitted, by means of culverts, to pass into the gutters, and thus to flow along the principal streets in continued streams to the swamps in the rear. These lively streams, to the width of at least a mile along the heart of the city, have continued to flow from May to about the 16th of September, when their source was cut off by the falling of the river. The descent from the river to the swamp is about four or five feet; lessening as you recede till the waters in the gutters at the back of the city (a distance of a half to three quarters of a mile) are almost stagnant. The scavengers usually draw out the thick muddy contents with hoes, and after drying it is carted off. The supply of fresh water this season must have had a salutary influence upon these *filthy sewers*. Since the decline of the river, an immense *batture* along the whole extent of the city has been exposed to the rays of an autumnal sun, but little mitigated by cloud or rain for four or five weeks past. The effluvia from this *batture* are quite offensive, both in the morning and evening. Such is the state of the case; and under such influences New Orleans has been, and continues to be, one of the healthiest cities in the world."

We are not justified, it seems to us, in affirming more—in our existing state of knowledge or of ignorance, whichever it may be termed—than that yellow fever is a regional or local disease; but what is the condition of the locality that occasions it, we know not; or what precise atmospheric condition is demanded that may render the local causes effective in the development of the disease. Our blindness on this point is like that of old Gobbo—more than "sand:" it is "high gravel." Much consideration has, however, induced us to disbelieve in the fancied agency of marsh-poison in its causation, and, therefore, to separate the consideration of *continued* yellow fever from that of the *intermittent* and *remittent* forms. Still, we cannot say, that they who refer them all, as well as typhus and typhoid fever, to some form of *malaria*, are positively wrong. We wait for developments; and whether the blindness in which we are placed is to be an opacity of a temporary character that may admit of extraction, or be of the permanently amaurotic cast, time must determine.

Dr. Hastings affirms, that "he has never seen a single instance where there was the least cause to suppose that the fever origi-

nated on board ships"—notwithstanding "he has frequently seen ships in the conditions said to give rise to it;" and he "never saw it on board any of them unless it was prevailing on shore." But then—it must be observed—he is of opinion, that when it does originate in ships, it is owing to malaria being conveyed to them from the land; and in order to account for the disease occurring on shipboard at a great distance from the shore, he is, of course, compelled to admit that it can be conveyed to very great distances.

"We can readily," he says, "comprehend this, when we take into consideration to what immense distances from any land infusoria have been collected upon the decks of vessels; for instance, ships running parallel to the coast of Africa, at the distance of one, two, and even three hundred miles from the coast, have had sufficient numbers of these small animals found upon their decks to furnish demonstrations of many varieties of animalcules." [Dr. Hastings obviously refers here to the fossil infusoria found in the particles of earth falling on the sails and decks.] "Also minute fragments of stone, and various earths have lodged upon the sails of vessels, hundreds of miles from land; and is it not therefore reasonable to infer, that material marsh effluvia can be, and are conveyed to great distances through the medium of the air? I have seen this take place, if it be possible to trace cause from effect. In the past summer there were a great many naval and merchant vessels lying at the anchorage at Anton Lizardo, (twelve miles south of Vera Cruz,) at the distance at least of three miles from the shore, with which there was no communication, and yet men were constantly attacked by the fever, notwithstanding they had not left their ships for a long time before the disease appeared. Again, upon the Island of Salmadina, where the naval hospital was placed, (at Anton Lizardo also,) but removed not less than five miles from the Mexican shore, being a small coral island, perfectly dry and very healthy. Yet upon this spot there were men attacked by the fever who had not been off it for weeks and months." p. 27.

In order to admit, however, the deductions of the author, we must conceive that malaria is more tangible—more grossly material—than has been generally imagined. The conveyance of "blocks"—as they have been termed by one able naturalist—a thousandth part of an inch in diameter, for some hundred of miles from land, assuredly facilitates our comprehension of the possible mode of conveyance of animalcules or fungi to immense distances, and gives countenance to the possible production of disease in this

manner; but it is difficult for us to suppose, that they could be wafted by the winds to such distances without being so diffused in the air as to render them innocuous. But when we admit, the *possibility* of disease being thus induced, the *onus probandi* must rest on those who affirm that it is so, and the *onus* is sufficiently heavy. Under the idea, that malaria is essentially gaseous, it would be impossible for us to imagine, for a moment, that it could be transported in a sufficient state of concentration to the distance mentioned by Dr. Hastings, and be still capable of engendering endemic disease. In the case of the malaria, which gives occasion to intermittent fever, it has been sufficiently shown, that it can only act with the necessary virulence within a certain distance, which will of course vary according as the emanations are more or less virulent. It was long ago observed by Sir Gilbert Blane, that not only the crews of the ships in the road of Flushing were entirely free from the endemic of Walcheren, but also the guardships, which were stationed in the narrow channel between Flushing and Beveland, the width of which is about 6000 feet; and although some of the ships lay much nearer to one shore than to the other, there was no instance of any of the men or officers being taken ill with the same disorder as that with which the troops on shore were affected; whilst ships at the distance of 3000 feet, and even farther, from swampy shores in the West Indies, have been affected by the noxious exhalations; and the same thing has been observed in the India ships in the channel leading to Calcutta. Baron Humboldt long ago observed, that the farm of Encero, situated above Vera Cruz, is a stranger to the insalubrity which reigns over the whole coast. The elevation of the farm is 3,095 feet, and it forms, according to him, the highest limit of the yellow fever. In the neighbourhood of Rome, M. Rigaud de l'Isle endeavoured, by some observations, to fix the point at which the malaria is innoxious. This he considers to vary from 682 to 1000 feet above the level whence it emanates.

Dr. Hastings is not, however, the only individual who has believed in the ready transportation to, and activity of malaria at, great distances. The late Dr. McCulloch thought that the east wind has the power of thus conveying it; and he had little doubt—so he wrote—that whenever malarious disease prevailed in Edinburgh, the poison was transported from Holland! The *nugæ*

canoræ to which he gave utterance on this subject almost surpassed belief.

But we have dwelt too long, for our restricted space, on the etiology of miasmatic diseases; and can only add, that Dr. Hastings infers, that "there seems to be no reasonable ground for the belief of contagion" in yellow fever.

The semeiology is carefully, and, we doubt not, correctly given. The disease in fatal cases, "where death has not been anticipated by any accidental condition of the system, such as disease of the heart, large arteries, or strong predisposition to apoplexy, terminated—the author says—"almost universally" on the seventh day. "Yet there are some cases that do not terminate fatally for ten days, two weeks or more."

He has never seen a case recover where undoubted hiccough had set in; nor one after positive black vomit had occurred.

In regard to the pathology of yellow fever, he expresses himself in some detail. In all "pure cases," by which we understand him to mean those that terminate fatally on the seventh day, the following organs were found affected, and no others; and the pathological changes were precisely alike in all. The brain and spinal marrow were greatly congested and hardened: he found, likewise, congestion, softening and sphacelus of the mucous membrane of the stomach, with the removal or loss of part of its surface; and contraction and cartilaginous hardness of the liver. "These comprise all the changes effected by a fatal attack of yellow fever terminating on the seventh day."

In regard to the colour of the liver, Dr. Hastings found it to resemble very much that of old boxwood.

When the disease terminated fatally at a later period, as on the fourteenth day, or subsequently, very different pathological appearances presented themselves.

"In these cases, the brain and spinal marrow are softened; their membranes are thickened, and there is generally a very large amount of yellowish or bloody serum within the cranium and spinal canal. The heart and lungs are healthy. The stomach is in much the same condition as already described. But the mucous membrane of the duodenum, small and large intestines, is greatly injected, thickened, and softened; of very dark colour, and in some cases removed or destroyed in patches. The glands of Peyer and Brunner are injected and enlarged. The whole tract of the mucous membrane resem-

bling the change of structure met with in patients dying of typhus fever, but not to the same extent. The stomach is sometimes filled with black vomit, and the intestines contain dark matter resembling it. The mucous membrane of the bladder is injected with blood, and spotted with many scarlet puncta. The spleen, if altered at all, is rather softer than natural; but in cases where the subject had laboured under intermittent fever of long standing, it was invariably of large size and very soft. The liver is engorged with dark blood; about natural size, of dark colour and softened. Thus showing at this advanced or protracted stage of the disease, a complete breaking down of the structure of the brain, spinal marrow, liver, and mucous coat of the stomach and intestines. The skin upon the thighs, arms, abdomen and breast is often covered with petechiæ. The albuginea and the whole surface of the body is much darker in colour than those dying at an earlier period. This is observable even before death takes place. The lips, tongue and gums are covered with a dry brown crust, the tip and edges of tongue red, and almost or quite raw. There is little or no emaciation of body. And I have never seen in any case the least reason to suspect any change in the dimensions either of the stomach or intestines. The kidneys and other viscera are found to be in normal condition. The blood remains in its liquid state in those who die; but there does not appear to be any peculiarity in that taken from yellow fever patients. It is observed to be cupped, has the buffy coat and same appearances as all blood taken from those suffering by inflammation and a high state of fever. It contains, doubtless, a large amount of bile or its constituents, owing to the crippled or suspended functions of the liver." p. 45.

The true composition of black vomit, "beyond all reasonable doubt"—says the author—"is pure blood mixed or combined with hydrochloric or acetic acid." In this he accords with Drs. Nott and Lewis of Mobile, who state, that in the epidemics of 1843 and 1844, the black vomit was acid, and that a correct idea of it may be formed by treating blood with diluted chlorohydric acid, and adding to this a little gum water or flax-seed tea, to represent the mucus of the stomach.

After a careful consideration of the manifestations of the disease, together with the pathological phenomena, Dr. Hastings is fully of opinion, that the immediate or most active cause of death must be looked for in the effects upon the brain; "since the diseased condition of the liver and stomach would not destroy life in so short a time, although they certainly assist the brain and its appendages very much, in hastening its final conclusion."

We have no doubt, that yellow fever is essentially a blood disease; and that the different organic changes are the result of the modifications of a fluid which furnishes the pabulum for every act of secretion and nutrition; and it is *probable*, that death may be more immediately connected with the material condition of the nervous system than with that of the liver and stomach. From the appearances in the yellow fever of Gibraltar of 1828, M. Louis was wholly at a loss to account for death. Dr. Hastings, after citing this, observes, that "he" (M. Louis) "never enquired into the condition of the brain and spinal marrow, but passes them by without a word, and even without observation." p. 47. In this Dr. Hastings is in error. M. Louis does describe the lesions observed in the brain and spinal marrow; but he considers them trivial, and not peculiar to the disease. In the extent and nature of the lesions of those parts, there is certainly great difference in the observations of these two gentlemen—each, doubtless, accurately depicting what he himself had observed in the epidemic that fell under his notice.

Lastly, as regards the treatment—a point which has been the subject of much dispute at all periods, but on which the opinion of the author is positively, it may be, too dogmatically expressed. "It seems impossible"—he says—"that there could exist but one [more than one?] opinion "upon the subject; it is as clear as the noonday sun;" and again—"Can there be but one [more than one?] proper mode of managing such a disease? Certainly not." Regarding the disease as one of "high inflammatory power of the general system," he knows of no means "so likely to respond to our desires as the lancet, calomel, opium or its preparations, counter-irritants, saline purgatives, and stimulating enemata"—the old treatment, by the way, so strongly urged by Drs. Rush, James Johnson and others, and pursued by the British practitioners in the Yellow Fever of Gibraltar of 1828, but apparently with less success than the milder methods employed by the Spanish physicians.

Under his method of treatment, Dr. Hastings lost only one-half per cent. of those received in the early stages of the attack, certainly a very small proportion. We have no means, however, of instituting a statistical comparison between the results of this and other methods of treatment; and we recollect some months ago

having seen a statement from one of the surgeons of the army very much in accordance with the concluding remark of Dr. Hastings—that “there is no disease more entirely under the control of medical treatment than yellow fever.” Was the treatment adopted by that medical officer—we allude to Dr. Barton—identical with that used by Dr. Hastings? In a disease which runs its course so rapidly—in all diseases that run their course so rapidly—no matter whether highly inflammatory or not; and where alterations of nutrition supervene so speedily under modifications of the fluid which at the same time bathes and nourishes the different tissues, the sooner a new action is excited in the system by mercurials the better. The supervention of that new action is generally aided by the abstraction of blood; but it would be interesting to know what would be the effect of the employment of full sedative doses of opium, along with mercury, pushed so as to touch the mouth if possible, from the very onset of the disease, without the abstraction of blood. We should be glad, indeed, to have the results of every form of treatment, from the expectant to the most active, placed before us in statistical detail, before we can make up our mind as to that which is really the most efficacious;—these results deduced from the treatment of the same epidemic, and under circumstances of locality, accommodations and attention as nearly identical as possible. In the meanwhile we must repeat, that the cipher of mortality under the treatment pursued by Dr. Hastings is exceedingly low.

We have bestowed unusual space to a notice of a work consisting of only sixty-nine pages. It is on a subject so interesting, however, and the author is in all respects so estimable, that we could not well pass it by with a shorter notice. For the details we must refer to the “Lectures” themselves, and conclude with the synopsis given by Dr. Hastings of the Pathology, Symptoms and Treatment of the disease.

“*Symptoms.*—Rigor; fever; injected eyes; pain in head, small of back and lower extremities; tenderness of epigastrium; emesis and black vomit.

“*Treatment.*—Bleeding; purgation; ptyalism; and counter-irritation.

“*Pathology.*—Thickening of the membranes of brain and spinal marrow, and hardening of their substances; almost cartilaginous

firmness of liver, with discoloration; thickening and sphacelus of mucous membrane of the stomach. These changes consequent upon meningitis, hepatitis and gastritis." p. 69.

Anniversary Discourse before the New York Academy of Medicine. Delivered in the Broadway Tabernacle, November 10th, 1847. By JOHN W. FRANCIS, M. D.

This is a long discourse for an anniversary speech; it occupies, in fact, an entire pamphlet of one hundred and twelve goodly sized pages. This lengthened space has allowed the distinguished orator to introduce a vast variety of topics, medical, philosophical, biographical, historical, &c., more or less remotely connected with the present and past state of our profession, especially in the city and State of New York. All the great physicians of that commonwealth, from "Johannes Megapolensis, and his son Samuel," of the ancient "Dutch doctors," down to "Manly, Roberts, Gardner, Wood, and others," of the present day, are duly praised. We have seldom seen a production of the kind which displayed more goodness of heart and irrepressible vivacity. The amiable author seems to have been intent on praising everybody and almost everything, and few who read his sprightly pages will suspect that so much warmth of feeling comes from one whose head has been frosted by so many winters. While thus expressing our admiration of the generous enthusiasm and excellent temper of our author, we should be glad to be able to speak as approvingly of some of his sentiments.

"An Academy of Medicine in this city," (New York,) the author remarks, "was a moral necessity; it was demanded by the daily increasing perversion of a noble science, by the sullied dignity of an honorable vocation, by the predominance of evils of saddest issue, and by the long-neglected claims of injured humanity." We cannot help feeling regret whenever we hear our profession spoken of in such terms, and especially by those who are distinguished in its ranks. It is indeed quite too common in our own household, to speak of it as degraded, corrupt, vulgar, &c. This is all wrong,—unjust, and impolitic.

That a great majority of the practitioners of the United States, are better instructed and much more enlightened and safe practi-

tioners than the physicians of thirty or forty years ago, when the profession was not so decried, we have no doubt; neither have we any doubt that the continued declamations of the less successful, and therefore dissatisfied members, against its honour and dignity, is a principal cause of the use of such language by the laity. If the people prefer quacks to regular practitioners, we are no otherwise accountable than as we encourage it by defaming our own brotherhood, or by individual ignorance and neglect bring our art into disrepute. It is not to be expected, however, under any circumstances, that the mass of the people can become sufficiently acquainted with the principles of our science to rightly appreciate its excellence, or sufficiently intelligent to preserve them from the machinations of unprincipled knaves. The weakness and credulity on which empirics thrive belong to the human mind, and can never be erased by any teaching, not even of experience, and far less by any course of ours. The "doubters and disputers of our progress," to use the author's own language, have not "compared" our science of the present day with its condition thirty years ago, or they would exult in its advancement, rather than whine over the supposed decadence of the profession. In our own country, we need only point to the array of authors and their achievements, supplied by Dr. Francis himself, to be convinced that our progress is onward. By the way, in this enumeration we find some strange collocations. Thus, while Holmes, Goddard, &c., are classed among the *authors* of works, Dunglison, Morton, Meigs, &c., are ranked only with *editors*!

We are in no mood, however, to find fault with our venerable brother for the little inaccuracies of this sort to be observed in his dissertation. The ardent patriotism, the love of our science, the admirable temper, added to the many judicious remarks and interesting reminiscences which it contains, present too many claims to our thanks to allow even of just criticism. We are persuaded that all who have read Dr. Francis's discourse will join us in this acknowledgment of its merits.

The Obstetrical Remembrancer ; or Denman's Aphorisms on Natural and difficult parturition ; the application and use of Instruments, &c. Augmented by MICHAEL RYAN, M. D. First American from the Ninth London Edition ; with additions by THOMAS F. COCK, M. D., Visiting Physician of the New York Lying-in Asylum. 18mo. pp. 264. Samuel S. & William Wood. New York, 1848.

This is a very small book to claim so numerous a paternity. The basis of it may be said to be very old, too, for a work on science, but the excellence of the matter has lost nothing from the progress of time, and on most points it will be found quite as orthodox as the works of more recent date. "Denman's Aphorisms," ever since their first publication, have been regarded as safe guides for the young obstetrician, and useful monitions for the old.

The contributions by the American editor, although few and brief, are sound and practical.

If every young practitioner were to carry this little volume about him as a *pocket-book*, for which its size so well adapts it, and read it during his hours of attendance on tedious cases of labour, we should see and hear less of mal-practice than some of us, alas! are compelled to witness.

Obstetric Tables : comprising graphic illustrations, with descriptions and practical remarks ; exhibiting on dissected plates many important subjects in Midwifery. By G. SPRATT, Surgeon-Accoucheur. First American Edition, from the fourth and greatly improved London edition ; carefully revised, and with additional notes and plates. Thomas, Cowperthwait & Co. 1848.

The title of this work, which we have copied at length, describes very accurately its character. The plates, which are somewhat after the manner of Hogben's, are handsomely engraved and coloured, and show very clearly the different positions of the foetus, and the relations of the presenting parts to the maternal structures, and the practice to be pursued under the various circumstances. The descriptions and directions are brief, explicit, and generally sound—in fact, the doctrines are essentially those

of Denman and Smellie. On the whole, we regard the obstetric tables as a very useful publication. Works of this description have a great advantage over simple didactic treatises, in the clearer and more lasting impression which they make upon the student's mind, as is always the case when the understanding is addressed through the eye.

A Descriptive Catalogue of the Anatomical Museum of the Boston Society for Medical Improvement. By J. B. S. JACKSON, M. D., Curator of the Museum; Professor of Pathological Anatomy in Harvard University. 8vo. pp. 352. Boston, 1847.

The Boston Society for Medical Improvement, in many of its features, resembles the Philadelphia College of Physicians. From the Introductory Chapter to the present volume, we learn that it "was founded in the year 1828, and has continued its meetings regularly, twice a month, to the present time. At these meetings an original paper is usually read by one of the members in turn; and each one present is called upon to communicate, extemporaneously or in writing, any information or cases of interest that may have occurred to him during the intervals of the meetings, or any case concerning which he may desire to have the opinion of the society; each member thus obtaining direct information in regard to most of the important cases that have occurred in the city or vicinity."

The reports of cases made by the members are frequently accompanied with the diseased parts, obtained from post mortem examination; and it is from a selection of the specimens of morbid anatomy thus exhibited, that "the cabinet of the society has been mainly formed, and its peculiar and principal interest is due to the connection of the specimens, in most instances, with authentic histories of the cases from which they were derived." In the Catalogue, these histories are concisely given as far as they are known. The number of the specimens enumerated is nine hundred and fifty-four. The volume also contains a very copious and well arranged index, beside several excellent engravings, illustrative of various instances of monstrosity.

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ration of the industry and liberality which has created such a museum in our northern metropolis, and of the labour and ability displayed in the preparation of its very complete catalogue.

THE MEDICAL EXAMINER.

PHILADELPHIA, JUNE, 1848.

AMERICAN MEDICAL ASSOCIATION.

The annual meeting of the American Medical Association, took place, according to adjournment, on Tuesday, the 2d ultimo, in the city of Baltimore, and consisted of about two hundred and fifty delegates, besides several surgeons of the army and navy, admitted by special resolution.

The Association met in the Universalist church, in Calvert street, at eleven o'clock, A. M., and was called to order by Dr. Chapman, the President elected last year.

The place provided by the committee of arrangements, (of which Dr. G. C. M. Roberts, of Baltimore, was chairman,) for the accommodation of the Association, was highly appropriate and convenient, and no effort was spared by the committee to facilitate the business of the meeting, and by the profession in the city to render the visit of their brethren from a distance interesting and agreeable :—the members may indeed be said to have been the guests of the city, so general were the invitations to visit the various interesting objects, procured for them by our kind brethren of the place, and so ample the hospitality exhibited in the entertainments given at their houses and at the several medical institutions.

Interesting discussions occurred on various matters pertaining to the business of the Association ; and although often differing in opinion on the expediency of measures, it was abundantly manifest, that doctors, like all true gentlemen, could differ without disagreeing. Whatever other effects may result from the meeting, much kindly feeling was exhibited by the members one towards another ; friendships were begotten, and prejudices in some instances removed, that for want of a

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better acquaintance and consequently truer appreciation of each other, might have endured through life.

After coming to order, and properly disposing of the minutes of the previous meeting, a committee consisting of one delegate from each State, was appointed by the chair, to nominate the several officers specified by the constitution, who reported the following, viz :

President—Dr. Alexander H. Stevens, of New York.

Vice Presidents—Dr. Samuel Jackson, of Philadelphia; Dr. John C. Warren, of Boston; Dr. Paul F. Eve, of Augusta, Georgia; Dr. William M. Awle, of Columbus, Ohio.

Secretaries—Dr. Alfred Stillé, of Philadelphia, and Dr. H. J. Bowditch, of Boston, Mass.

Treasurer—Dr. Isaac Hays, of Philadelphia.

From several of the standing committees *reports* were produced, which were read and referred to the Committee of Publication, viz : on Obstetrics, by Dr. Lindsly; on Surgery, by Drs. Norris and Parrish; on Medical Literature, by Dr. Holmes.

Dr. J. M. Smith, from the Committee on Practice of Medicine, having by an accident lost his report while coming to Baltimore, made a verbal statement of the topics it embraced. The report of this committee was likewise ordered to be presented to the Committee of Publication.

As these reports, with a full account of the proceedings of the Association, will shortly be published by the committee, we shall abstain from any remarks upon their character until we have them officially before us, when we shall transfer them to our pages, or, if too long, give abstracts of their contents. Some of them, it is likely, will afford occasion for remark, if not for dissent.

UNIVERSITY COLLEGE, LONDON.

Resignation of Mr. Samuel Cooper.—In a late number we mentioned the appointment of Professor Syme, of Edinburgh, as the successor of the late Mr. Liston, in this metropolitan school. Since then, Mr. Samuel Cooper, author of the Surgical Dictionary, and one of the most eminent surgeons in London, has resigned his professorship of surgery in that institution, after having occupied it with great reputation “for the long space of seventeen years;” not, as he remarks in his “Farewell Address to the Class,” entirely from considerations of health, or any inability to continue his lectures, but from disagreement with two of his colleagues, whom he accuses of exercising undue

influence in the appointment of Mr. Liston's successor, who was to be associated with Mr. C. in the surgical chair. The announcement by Mr. Cooper of his intention to resign, with the reasons, has given occasion to an unpleasant controversy between him and his colleagues, the more to be regretted from the elevated character of the parties, and the consequent encouragement of a practice much too common among our transatlantic brethren.

PROFESSIONAL MAGNANIMITY.

Among other changes made by the Provisional Government of France, we discover by the public prints that Orfila has been removed from the station of Dean of the Faculty, which he has held so many years with distinguished honour to himself and the profession, as well as to the country of his adoption. It is with much pleasure, however, that we have read the following account of the deportment of his successor, Bouillaud, on the occasion, communicated by the correspondent of the London Medical Times, and published in that journal of the 11th of March.

Appointments.—The Dean of the Faculty of Medicine, Professor Orfila, has been removed from his office by the Provisional Government, and Professor Bouillaud is appointed in his place. M. Orfila has rendered signal services to the School of Medicine, and his popularity is not diminished by the decision of Government: he received the warmest thanks of the faculty on his retirement. His successor, Professor Bouillaud—who was the first to acknowledge the obligations of the French medical profession to the late dean, and who moved the vote of thanks—was received by the pupils at first with some slight manifestations of displeasure, which were soon changed into unanimous applause when he explained, in a spirited address, that the honour now conferred upon him was not of his seeking, and that he had accepted of it only on condition that the choice of Government would be sanctioned by his colleagues and by the pupils of the school.

CORRECTION.

It is seldom that we trouble our readers with corrections of either our own errors or those of the printer, after publication; but in the last number, so serious a blunder occurs in Dr. Mitchell's article on yellow fever, as to render it absolutely unintelligible. In "making up," the printer transferred a line from the bottom of page 287 to the top of page 290, thus destroying the connection of the pages.

RECORD OF MEDICAL SCIENCE.

Some Remarks on Scurvy. By R. S. HOLMES, M. D., of St. Louis, late of the United States Army.—My attention was particularly called to this disease, by many well-marked, yet rather anomalous cases of it, that I witnessed with the army in Florida. I have seen it elsewhere since then, throughout the United States, and in Mexico, and I am convinced it is often overlooked or not suspected; that the names of other diseases had been given to it, and that from its diversified character, it defies all attempts at a complete history of its symptoms. The only well-marked proof that many diseases I have seen, have been affected by the scorbutic constitution of the fluids, has been in the cure; if an inflamed eye, or an ulcerated leg, is cured by a drink of acids and a diet of vegetables, when the patient, for some time previously, has been living on salt provisions and without vegetables, it affords presumptive proof that the disease is of a scorbutic origin.

Scurvy stamps its impress on diseases very much in the manner that malaria is in the habit of doing. There is no disease that is not capable of taking on a scorbutic character—as far as I have had an opportunity of judging—even although the accredited symptoms of scurvy itself may not be present: nay, I believe there is scarcely an individual among the many who escape when exposed to scorbutic causes, who has not within him the *leaven* of the disease, capable of giving signs of its presence, if not by absolute symptoms, still by the stamp of the scorbutic diathesis on any other disease to which the system may be liable.

It is a great error to suppose that in all cases of scurvy the gums are affected, or that the patient is depressed in spirits, or that he has a peculiarly sallow look, or that he loses his strength, or has livid colored patches, as if of extravasated blood beneath the skin; these may all be present, or not one of them, and yet the patient will have scurvy. How then, it may be asked, do you recognize the disease? We answer, by the certain causes that are known to produce it, and by the readiness with which acids or vegetables act favourably. We have certainly seen no single symptom present in all cases of scurvy; probably the most common signs of the disease are the patches, as if of purpura, which are seen beneath the skin, of an unhealthy liver colored appearance; these most generally occur on the arms, then on the legs and chest, or ankles, or some part of the face, but scarcely ever on any other part of the body. There is generally a puffiness of the gums, or they become tender and bleed, or the teeth become loose; but a very universal sign of the disease in Florida, was the superficial extended ulcerations, or sheets of bullæ, giving rise afterwards to supuration, which appeared on the feet and ankles, and between the toes. This inflammation is very peculiar and characteristic: I think I have seen it in one half, of probably one hundred cases of scurvy,

that I have treated ; it originates by a crop of small vesicles, similar to those raised by a cantharides blister, sometimes remaining distinct, and often running into each other ; these burst, and leave underneath a raw, partially suppurating, surface, of probably the size of a dollar, scattered here and there over the foot or ankle, or between the toes. The first cases I saw of this kind, were in the hospital at Tampa Bay. With a command of four hundred men, I had generally from thirty to fifty on the sick report. I had probably treated a dozen of these cases of inflammation, before I suspected the cause of disease—with what success, may be imagined, when the diagnosis was incorrect. I have had patients for three months on the sick report, with this inflammation, when the cure was probably brought about at the end of that time, by the anti-scorbutic diet that was habitually used in the hospital, as far, at least, as circumstances would permit : yet afterwards I was in the habit of curing these inflammations in a few days' time, by drinks of lemonade, or, what is better, I think, by a mixture of vinegar and the nitrate of potash, in as large doses as the stomach will bear ; and by a diet of potatoes, and, if you wish, salt beef or pork, also ; for it is not the *presence* of these articles, but the *absence* of acid vegetables that produces scurvy : sourkrout, too, the "unfermented cabbage of the Dutch," is a good article of diet, and can be had and preserved where potatoes cannot—but it is difficult for the stomach to digest it well, and is not equal to potatoes as an anti-scorbutic diet.

Another one of the most common forms, in which scurvy betrayed itself, is in inflammation of the conjunctiva, or lids of the eye. I am not certain that this disease was of a scorbutic origin, but certainly no sooner would such an inflammation set in, than it was seized upon and overshadowed by the scorbutic diathesis ; and I am much inclined to believe, that this inflammation was caused by the seeds of scurvy in the system. Ulceration of the cornea was also another very common form of disease of the eye, in which this diathesis played the chief part. In examining a recruit last winter, at Fort Snelling, near the Falls of St. Anthony, a very stout man, well formed, and apparently in good health, I was struck with the appearance of three ulcers on the cornea of one eye ; the other was not strong, but very little inflamed. This has generally been with me a cause of rejection—for the disease betokens a constitutional or organic fault somewhere—but I concluded to pass this man, as he was otherwise stout and able-bodied, and it was not necessary that he should do duty immediately. I took him into the hospital and treated him by all the known modes I could think of, for the cure of ulceration of the cornea ; first by touching the ulcers with nitrate of silver, by antiphlogistics, with absence of light and confinement to the house—then by stimulants and exercise out of doors ; but all was of no avail ; at the end of two months the eye was as much diseased as when he first entered the hospital. I enquired into his former habits of life, and found he had been a sailor, but had been for some months working in the lead mines of Wisconsin, and almost wholly deprived of vegetable diet. I suspected the cause—

put the patient upon a strict anti-scorbutic diet, and by occasionally touching the ulcers with nitrate of silver, healed them in two weeks' time. This case brought to my recollection another peculiar feature of scurvy that I had often seen verified in Florida; that is, the facility with which relapses take place. This man troubled me twice again during the winter and spring with the same disease, which I cured in the same manner; for the supply of potatoes for the men at the Fort was small, and they were of a bad quality, the acid of the potato being probably destroyed by the severe cold and age. I may incidentally mention, for the benefit of those who examine recruits, that this was one of three or four cases that I have passed where the cornea was ulcerated, and in this, as in every other case, I have had cause to regret it. I think it ought always to be placed among the disqualifying circumstances.

Soldiers subject to the phlegmasiæ, and also to a scorbutic diathesis, were among our most frequent patients in Florida; the relapses were so frequent, that such men were scarcely ever out of the hospital. By the aid of a proper diet, we could easily accomplish a cure for the time being, but the disease would return in a week or ten days after the diet, peculiar to troops when in that state, was used; ulcers on the legs, burrowing inflammations after wounds, the occurrence of a very foul and unhealthy state of the gums after the extraction of a tooth, and a peculiar susceptibility to salivation from the use of mercury, or other medicinal agents, were among the most common effects of the scorbutic constitution; added to these were those signs recognised most generally as indicative of scurvy—tender gums, liver colored blotches, sallow countenance, depressed spirits, (probably of all the most common symptoms,) secretions altered, bowels deranged, and muscular system weakened.

I wish to call the attention of some of your readers to this disease, for I am convinced it is a much more common one in the country than is generally supposed. It is a great error to believe that, because one lives out of a town, that fresh vegetables can be procured; the country, as far as my experience goes, is often the most difficult place to get them. Potatoes could never be had at most of our frontier posts, were they not cultivated by the soldiers themselves, and preserved during the winter; and it is quite a source of profit to the soldiers to sell their extra supply to the country people around, for their own consumption; they are the great prophylactics in scurvy, and generally the only vegetable used during nine months of the year, in the northern part of the United States. But the supply in new settlements is often very limited, while in the lumber regions of Maine, New York, on the head waters of the Mississippi, and in the mining districts of Illinois, Wisconsin, and Iowa, the workmen are deprived of any vegetables whatever for many months of the year; their diet consists of pork, beans, hard bread, and coffee. No conception can be formed, by any one who has not been much in the untrodden ways of the country, of the extent to which salt pork, as an article of diet, is used; not that it produces scurvy, but the facts are, that where it is

much used, vegetables are not, for the simple reason that they cannot be procured. Moisture, one of the greatest excitors of the disease, is wanting, in a great measure, in the interior of the country, and this is one cause of the disease being circumscribed. I have observed that it is more prevalent along the sea coast, and this is, probably, one of the chief reasons of its frequent occurrence on the ocean.—*St. Louis Med. & Surg. Jour.*

Asclepias Tuberosa, *Butter-fly-Weed*, *Milk Weed*, *Pleurisy Root*, *White Root*. By T. T. Lockwood, of Buffalo, N. Y.—The greatest care is necessary in collecting and preserving this root. As it is generally known in the country by the common name of Milk Weed, it is necessary to observe that this plant differs from other species of *Asclepias* in not emitting a milky juice when wounded. The root should be collected about the first of October, cut in transverse slices, dried in the shade, and, as soon as sufficiently dried, pulverized and bottled. *Pleurisy Root* equalizes the circulation, produces copious expectoration and free diaphoresis, without inducing as much previous heat and excitement in the system as most other vegetable sudorifics. In the treatment of measles this root is often of essential service. When the rash is tardy in making its appearance, the cough harsh and dry, attended with pain in the eyes and fore part of the head, the warm decoction of this root may be given with marked good effect. It is decidedly the most valuable medicine I have ever administered to bring out the rash in all eruptive diseases, after the phlogistic state of the system has been properly attended to.

Owing to the intimate relation existing between the mucus membranes and the cutaneous exhalants, the *Pleurisy Root* is a most useful remedy in bronchitis, catarrh, and chronic diarrhœa of long standing. This root is especially serviceable in sub-acute and chronic rheumatic affections, when they are attended with a dry and harsh skin. In this complaint the warm decoction may be given alternately with the tincture of colchicum. Opium in any form has a tendency to produce congestion of the brain, and to lock up the secretions; therefore, the *Asclepias* is preferable to Dover's Powder in all those low forms of fever in which there is a tendency to cerebral congestion, and where we wish to promote expectoration. In acute inflammation of the parenchyma, or of the serous membrane of the lungs, it will not do to rely upon the *Pleurisy Root* alone, but we should resort at once to active depletion. *Asclepias Tuberosa* possesses important medicinal properties. The warm decoction acts with as much certainty as a diaphoretic, as jalap does as a cathartic. It is peculiarly applicable to the diseases of children, as it possesses no disagreeable taste, or smell. I have frequently employed the *Pleurisy Root* in that continued and exhausting diarrhœa to which children are subject during the summer months, and generally with manifest advantage. In the latter complaint, the root should be boiled in fresh milk. Boil three drachms of this root in a quart of fresh milk down to one

pint. Half an ounce of this is to be given every two or three hours. It generally excites a copious perspiration.

The White Root is applicable in every disease where diaphoresis and expectoration are to be promoted. The best mode of exhibiting this remedy is in the form of decoction. One ounce of the root may be boiled in three pints of water down to a quart, and given in doses of half a gill every half hour. Dose of the substance ten to fifteen grains.—*Buffalo Medical Journal*.

Interstitial Extra-Uterine Gestation.—The following case is related by Dr. Payan, of Aix. It was that of a woman, aged thirty-two. Her pregnancy was of three months' duration, and she enjoyed good health. Suddenly, however, and without any appreciable cause, she became ill, was seized with violent pains in the hypogastric region, burning thirst, and extreme prostration; soon syncope occurred, and she died from this about nine hours after the time when the illness first commenced. On the post-mortem examination, a large quantity of coagulated blood was found covering the uterus. This organ was of larger size than in the unimpregnated state, and presented a prominence at its upper part, in part diaphanous, and through which an embryo could be perceived. On opening the uterus, its cavity was found to be large, and lined throughout with a kind of false membrane, incompletely organized, not containing any fœtus, and also devoid of any blood. It evidently represented the decidua vera. Projecting above, from the uterine cavity at the fundus uteri, on the left side, was another cavity, in the neighborhood of the uterine termination of the Fallopian tube, and probably communicating with it. This second cavity was formed out of the thickness, and at the expense, of the walls of the fundus; its own parietes were thin, and, in parts, translucent. It was in this secondary and interstitial pouch that the entire fœtus, with its placenta, was lodged.

This case was therefore one of extra-uterine gestation of an uncommon kind. Development had proceeded till the third month, when the embryo produced some rupture which led to fatal hæmorrhage. Two other forms of extra-uterine development are known—one in the Fallopian tube itself, the other in the ovary; but in the former, a fatal issue sooner supervenes than in the ovarian or in the interstitial variety. When rupture of the enclosing fœtal sac takes place, the fœtus will in most cases escape into the abdominal cavity, but in the instance narrated it appears to have retained its position in its unnatural cavity. Some describe a form of extra-uterine fœtation, where the fœtus is developed in the abdominal cavity, supposing the ovum to escape the grasp of the fimbriated extremity of the Fallopian tube, in its passage into it from the ovary, and to fall into that cavity.

Such cases as the above are beyond the remedial power of art, and generally prove rapidly fatal by hæmorrhage and serous inflammation.

Looked upon in a medico-legal point of view, the only suggestion that can be made contrary to the generally received opinion of the mode and cause of death is, that an instrument has been passed be-

tween the uterus and foetal membranes, suffering the entire ovum to escape, and inducing contraction of the uterus, and rupture. But the appearances presented on a post-mortem examination will at any time prove or disprove the truth of any such assumption.—*London Lancet*.

Comparative Action of Strychnia and Veratria.—Dr. GEBHORT, of Moscow, has been engaged in a series of observations on the effects of veratrine as compared with those of strychnine. We shall confine our notice chiefly to the results of the author with reference to veratria, as that is an alkaloid with the properties of which we are less familiar than with those of strychnia. First, of the physiological action of veratria. Given in one-fourth or one-eighth of a grain doses to animals, it produces restlessness, difficulty of respiration, with nausea; feebleness, and intermittence of the pulse; then vomiting, borborygmi, and diarrhœa, of viscid mucus, tinged with blood; lastly, strong contractions of the abdominal muscles, tremors, and convulsions. If the dose be augmented to three or six grains, it is followed by an excessively exalted state of the nervous system, convulsions, tetanus, vomiting, frequent purging; then extreme feebleness of the muscular system, attended with tremors, and a profound nervous depression, ending in death.

Veratria applied to mucous membranes causes violent pain, inflammation, and an abundant muco-sanguineous secretion. It acts in like manner when applied to a wound. When injected into a vein, or a serous cavity, the animal becomes restless immediately, its respiration is rendered difficult, and it utters a continued cry; then follow vomiting, convulsions, diarrhœa, repeated evacuations of urine, and death.

In the human subject, the internal use of veratria occasions peculiar sensations in the stomach, alternate feelings of heat and cold, and a pricking of the skin. If the dose be increased, the stomach is tormented by a feeling of heat and burning; there are salivation, nausea, vomiting, and diarrhœa; sometimes, indeed, abundant urinary secretion and copious sweats; at other times, dull or lancinating pain in the back, in different muscular parts, and in the articulations; pains approaching in character very much to those resulting from electric shocks. Veratria determines neither a febrile condition, nor venous turgescence, nor disorder about the brain or organs of sense.

Externally it may be used in man for several months, without any other inconvenience than a sense of burning and pricking; these feelings starting from the point where it is rubbed in, and extending over the whole skin. At the same time its effects are manifested in the nerves, like those of electricity, and there is the sensation of a stream of hot water flowing along the vertebral column. The skin is rarely inflamed; but if this be delicate, or the drug be rubbed in in too great a quantity, redness of skin, with acute pain, may result, as also shocks or jerkings of the limbs, or a kind of convulsions, setting out from the part to which the veratria has been applied.

Considered therapeutically, M. Gebhort gives, as indications for its

use, the existence of pain, spasm, or effusions, and of paralysis, when the last is due to effusion, or to an exhaustion of the nerves; as contra-indications, increased activity of the circulation, as by fever, inflammation, or gastro-intestinal irritation, or other disorder of the digestive organs. In these indications and contra-indications of the author are nothing very clear and concise, but rather general speculations.

M. Gebhort has tested the use of veratria in rheumatism, neuralgia, in spasmodic affections of the chest, in dropsy, and in paralysis. He has not used it in rheumatism, except after the abatement of fever and gastric disturbance. In all cases its application has been external, and of sixty cases, two only failed to be cured. The forms of neuralgia in which he has used it are those uncomplicated by organic disease, and for the most part of rheumatic origin. Of nine cases, but three remained little benefited. In forms of paralysis from cold, &c., as well as from apoplectic effusion, M. Gebhort has administered veratria with advantage. In dropsies he thinks it of great service, especially when these are unattended by organic disease, but several of the cases of dropsy given were certainly complicated with organic lesion.

He gives the alkaloid in one sixteenth of a grain doses, in the form of pills, twice a day. The quantity taken may be gradually increased to four pills per day. For external application, he unites the veratria with lard, in the proportion of five or twenty grains to an ounce of lard. Before incorporating the two, it is well to dissolve the alkaloid in a little alcohol.

Of the differential characters of strychnia and veratria the author states, that strychnine is absorbed with great rapidity, penetrates into the blood, and alters its composition; that veratrine is not absorbed; for not only, when introduced into a wound, does it not cause severe symptoms, as when injected into the veins, but the venous blood of the part into which the poison is injected produces no mischief when introduced into the veins of another animal. The contrary is the case with respect to strychnia. Strychnia has no efficacy in neuralgia, in spasmodic or in convulsive maladies; veratria, on the contrary, possesses an incontestable power over them. Strychnia has an influence over paralysis of nerves, but it causes congestion and irritation of the brain: lastly, if it have any tonic properties, by which it may be of utility in diarrhœa, dysentery, and even cholera, these properties are much impaired by the inconvenience resulting from its irritant nature, and its influence over the nervous system.

We feel very disinclined to tender our concurrence with M. Gebhort when he says that veratria is not absorbed. We think that absorption is certainly indicated by the symptoms he describes as occurring by its endemic application; and if so, we should look for the evidence of absorption still more when the veratria is introduced into an open wound. We believe, therefore, that with regard to this point there must have been some error in our author's experiments.—*Ibid.*

On Pyrogen, or the Electric Fluid.—By JOHN JOSEPH LAKE, Esq., Portsmouth.—The property of ponderability in pyrogen, developed in the experiment detailed in my communication published in the *Lancet* of the 12th January last, is only to be observed under peculiar circumstances, it being commonly concealed by the operation of other more powerful influences.

The most potent of all is the property of repulsion existing between its particles. These, acting upon the mechanical principle that bodies when within a certain distance repel each other, continually endeavour to divide; and this action is so intense, that when a body (as a sphere) is charged with the fluid, it remains entirely on the exterior; even on a roll of gauze wire it takes its place solely on the outer surfaces. Now our globe is such a sphere powerfully charged, and on this principle the fluid should extend itself as high as possible, and its greatest density should be at the point most remote from the centre of the earth. This is actually found to be the case. Mr. Sturgeon, in detailing his ingenious experiments, says, "Every vertical column of a dry, cloudless atmosphere, whatever may be its dimensions, is constantly electropolar in one and the same direction, having its positive pole upwards; "I have made more than five hundred experiments with kites, for exploring the electricity of the atmosphere, and in every case where clouds do not interfere I have found the upper strata positively electrical with reference to those that are below. I have had three kites, and sometimes five, at different altitudes at the same time, and have transmitted sparks from one to another from the top to the bottom of the series; in every case I found the uppermost of a pair to be the positively electrized stratum of the atmosphere.

Hence we may see the reason that the ponderability of pyrogen has hitherto escaped attention. Its general tendencies are quite in another direction, not because it is not attracted by the earth, but because the force with which its particles endeavour to separate is such that the fluid seeks a larger circumference over which to diffuse itself, and this principle of separation is seen to be so intense, that the pyrogen even rises into a non-conducting medium to give way to it.

This obedience of the particles of pyrogen to a purely mechanical law affords another most convincing proof of its materiality.

There are two other influences to be noticed as greatly increasing this upward tendency—namely, the centrifugal force resulting from the earth's motion on its axis, and the attraction of the sun. The first requires no explanation. As to the second, the sun by its attractive power keeps the earth in its orbit, and attracts the pyrogen, as well as the other matter of which it is composed, which, in my opinion, is the main cause of the magnetic tides; for the earth in its daily revolutions leaves a pyrogenic or electric wave constantly raised on the side presented to the sun.

A third deduction may be made from the experiment detailed in my former paper, (the *Lancet*, Jan. 15th,)—namely, that light is developed during the passage of pyrogen through the atmosphere: this, coupled with the preceding remarks, leads to some important consequences.

It has been satisfactorily proved by Mr. Faraday, that pyrogen circulates continually about the earth, and by taking advantage of this discovery electric clocks have been constructed. In this circulation light must be developed, and this is, in my opinion, the cause of the luminosity of our planet, so frequently seen at night, a phenomenon that has also been noticed at times in Venus. And shall we not ascend a little higher and apply these laws to the sun, with its denser atmosphere, under the pressure of which it is probable that carbonic acid ceases to be a gas, and other bodies, volatile or fluid with us, assume the form of liquids or solids? There we have evidences of similar effects. The circulation of the fluid on that sphere being more rapid, and through a denser medium than with us, exhibits a greater intensity of light, as it has a greater opposition to overcome in its passage; hence the intensity of its light, and seeking, as on the earth, the higher regions of the atmosphere, yet controlled by the centrifugal force resulting from the sun's motion on its axis, and the attractions of the planets, it produces the zodiacal lights.

The above theories accord equally well with the phenomena observed on the moon, in which the atmosphere should be more rare than that of the earth, on account of its inferior size, and which, in fact, is found to be so rare that astronomers doubt whether there is any at all. Now, since the moon only revolves on its axis once a month, the pyrogenic or electric currents must be very slow, and utterly insufficient to carry on the various chemical compositions and decompositions necessary for the support of the vegetable world; and no signs of vegetation have been discovered upon its surface, although Lord Rosse's telescope is of sufficient power for the purpose, if grass or anything of the kind existed there, since it would give a green colour to the soil, whilst it is observed to be of a brownish hue. This dull movement of the fluid also accounts for the absence of self-luminosity in the moon; for the atmosphere being in addition very rare, the fluid has little or no opposition to overcome.

The above phenomena are all that I shall at present bring forward of that kind in evidence of the materiality of pyrogen. I will close with a few remarks on some of its other properties.

When electric or pyrogenic sparks are passed through a medium of atmospheric air, nitric acid is formed by the union of portions of its nitrogen and oxygen. Therefore, during the circulation of this body about our globe, as above referred to, nitric acid must be formed, for the light generated is the result of a series of infinitely small sparks, which arise from air being a non-conductor. If the fluid move by a good conductor, as undistilled or acidulated water, no light would be developed. Hence the origin of spontaneous nitrification and the saltpetre earths of India and other countries; for nitric acid, being produced in this manner, seizes upon the potash of the decaying vegetable world, and forms nitrate of potash, or saltpetre.

I have shown, in the papers referred to in my former communication, that pyrogen is not only the *begetter* of fire, but also of acids and oxides, or, at least, of many, together with a large amount of the

chemical combinations that are continually taking place in the animal and vegetable world. In this respect some of its effects are analogous to those of water on certain mixtures, as, for instance, on proportions of tartaric acid and carbonate of soda, which may be mixed together in a dry state without acting on each other; although, if a little water be added, effervescence takes place and new combinations result—e. g., the case of potassium. This was first obtained by negatively electrifying moistened hydrate of potash; that is, by withdrawing pyrogen from it. The affinity between the metal and oxygen is thus destroyed, and the former appears. As soon as the communication with the battery is broken, and the metal exposed to the air, it tarnishes, and is quickly covered with a crust of caustic potash; for pyrogen immediately returns and restores the affinity between the metal and oxygen, which is sufficiently strong to absorb the gas from the atmosphere. In a similar manner, though with a more violent operation, it oxidizes when thrown upon water.

Sodium, the ammoniacal amalgam, lithium, barium, strontium, and other similar oxidizable metals, afford illustrations of the operation of the same principle. The flame observed in some instances, arises from the union of the released hydrogen of the water and the oxygen of the air, promoted by the presence and rapid development of pyrogen, in the way I have shown in explaining the causes of the ignition of metals in acid solutions.—*Ibid.*

KINGSTON ASSIZES.

At what age does Menstruation cease? Singular Question of Identity.—In this case, which was an action of ejectment, the identity of a female rested in some degree upon the period of life at which the menses ceased. The plaintiff, Clark, claimed an estate through his wife, to whom he was married in 1794. They had three children, but, in consequence of disagreement, separated in 1809. The wife, it was alleged, died in 1843, and the defendant, Tatom, took possession of some property belonging to her. The husband now sought to recover this property. One witness deposed that she knew Mrs. Clark, and that she was about seventy years old when she died. This would have made her age at marriage twenty-one. Another witness, who provided her funeral, put on her coffin-lid, by the direction of defendant, the age of fifty-five; and stated that he should have considered her to have been about that age, or not more than two or three years older. If this were true, the deceased Mrs. Clark must have been married when she was six years old! This witness afterwards said that there was another Mrs. Clark still living at Norword (the place where deceased resided), who appeared to be between fifty and sixty years old. This was an unfortunate admission, because, taking the age of the surviving Mrs. Clark at fifty-five, she must also have been married at the age of six years. The unlucky witness, therefore, proved that the plaintiff either married in 1794 a girl of six years of age, or that neither the surviving nor the deceased Mrs. Clark could

have been his wife, when the evidence clearly showed that he must have been married to one or the other.

In this stage of confusion in which matters were left by the undertaker, medical evidence was called, in order to prove the non-identity of the deceased female with the lady whom the plaintiff married in 1794.

"Dr. Laurie, a physician who was in practice at Norwood in 1841, deposed that he had attended Mrs. Clark (the deceased); and at that time she appeared to be about fifty years old. The witness then detailed the circumstances under which he was called upon to attend the deceased, referring to a particular change in the female constitution which, he said, rarely occurred to them so late as the age of fifty, the general period being forty-four.

"Cross-examined: He judged of her age from the colour of her hair and other circumstances (?). He saw nothing to induce him to believe that she was more than fifty years old when he attended upon her."

"Dr. Alison, another physician, gave similar testimony."

If the evidence adduced by the plaintiff were correct, and the medical opinion in accordance with medical experience and doctrine, it followed that the woman, who was not more than fifty in 1841, must have been married to her husband, the plaintiff, when she was three years old! Thus the case was rendered a little more complex than it had been left by the undertaker.

It was well observed by the Lord Chief Justice that the case was full of difficulties. According to the testimony of a most respectable witness (Mrs. Hudson) the plaintiff's case was completely established, for she swore positively that the Mrs. Clark, who died at Norwood in 1843, was the wife of the plaintiff; but on the other hand the medical testimony, which appeared very clear and decisive, rendered it equally impossible that she could have been the same person. The jury found for the plaintiff.—*London Medical Times*.

Lectures on General Pathology. By PROFESSOR ANDRAL. *Reported for the Medical Times by D. McCarthy, Paris, &c.*—Besides the substances which we have enumerated as frequently met with in expectoration, foreign bodies are also found, having been inhaled from the atmosphere, or having passed into the respiratory organs instead of being conveyed to the stomach, to which they were destined: thus food or medicines may be rejected; amongst the latter some kermes minerals, for instance, communicate a particular colour to expectorated matter, a fact which the practitioner should be aware of, in order that he may not mistake for the effects of disease, the peculiar action of some drugs. Let us now inquire into the diagnostic value of expectoration in various maladies.

In acute laryngitis, simple or puriform mucus may be rejected: when a certain quantity of pus is suddenly thrown up, it points to a submucous abscess of the larynx; false membranes secreted in the larynx may also be seen, as in variola, for instance. In chronic laryngitis, blood, expectorated in small quantities, indicates an ulcer

of the mucous membrane; if the amount of blood be at all considerable, its source is not in the larynx. A chronic form of croup has been described in which the patients cough up false membranes, and this circumstance often exercises a most favorable influence upon the progress of the malady. Polypous concretions, and vegetations formed in the laryngeal cavity, have been rejected; also pus from an abscess developed in the organ, as in a case published by Dr. Pravaz, of Lille: a tumour, soft and fluctuating, had been previously recognised by the introduction of the finger, and disappeared after the sudden expectoration of a certain quantity of purulent matter, with which two small concretions were also thrown up. The same author relates in his inaugural thesis a case in which two hydatids were found in the ventricles of the larynx, but we have never ourselves observed any instance of the kind.

Acute bronchitis is not in its first period attended with expectoration; but, as the disease progresses, the cough becomes loose; and a colourless, transparent mucus, more or less viscid in its nature, is rejected, occasionally streaked with blood if the cough be violent. This matter gradually becomes less transparent, and acquires a puriform appearance, decreasing at the same time in abundance, in proportion as the case progresses towards a favourable termination. In some patients the expectoration is puriform from the first, in others it never assumes that character. Occasionally, even the cough is dry from the beginning to the end of the disease. In chronic bronchitis, the expectoration usually consists of a slimy fluid, more or less puriform in appearance; when dyspnoea is present, this matter is very viscid, and generally spumous. It is sometimes constituted by a homogeneous liquid, which bears the greatest resemblance to the expectoration in consumption, from which neither chemistry nor the microscope is able to distinguish it. The abundance of the rejected fluids may be very considerable, particularly in the aged, the general condition of the system suffering at the same time much less than it would, *a priori*, seem rational to suppose. The odour of the matter is not characteristic, and may accidentally acquire great fetidity. In some cases of chronic inflammation of the bronchi, no expectoration is observed; in others a peculiarly granular mucus is thrown up, which has a remarkable tendency to solidity; and in both these cases, pulmonary emphysema often follows bronchitis.

During the first two days of pneumonia, characteristic expectoration is seldom noticed, but after this period the rejected matter is viscid, transparent, spumous, and rusty in colour; as the disease advances, this fluid becomes darker and less frothy, and gradually resumes its natural hue if the malady terminates favourably; if on the contrary, it becomes darker and more viscid, or brown and more fluid, the prognosis acquires greater gravity. It has been often said that where the colour of the expectoration resembled that of the juice of stewed prunes, the circumstance indicated diffused suppuration of the lung; we believe that it points more to increased severity of the case than to that particular fact. In the aged, the expectoration is often

of a reddish grey, and may completely be suspended some time before a fatal issue, either from a real cessation of the morbid secretion, or more frequently from loss of power to reject it. In the pneumonia of children no expectoration takes place, and when this disease is a complication of other ailments, consumption for instance, the rejected matter is often deprived of its characteristic appearances. M. Remack, of Berlin, states ("Archives," January, 1846), that in the expectoration of pneumonia, small concretions are rejected, constituted by fibrine, and incarcerating purulent corpuscles in their network; the shape of these concretions is the same as that of the bronchi: we have several times assured ourselves of the accuracy of this observation, which may assist considerably the diagnosis of doubtful cases. Chronic pneumonia presents no special expectoration.

Œdema pulmonis and emphysema are not attended with any characteristic appearances in this respect. At the beginning of attacks of asthma, the expectoration is usually suppressed, and returns at the close of the paroxysm. Pulmonary apoplexy usually causes hemorrhage and the rejection of a small quantity of blood, but not constantly. In gangrene of the lung, the sputa are thin, dark, and extremely fetid.

Pulmonary consumption at its various periods occasions an expectoration, the characters of which it is important to be well acquainted with. Mucus, pus, blood, concretions, &c., may be rejected, and their relative signification should be clearly understood. During the first period of phthisis, the cough is frequently dry, or followed merely by the expulsion of pure mucus; blood is often rejected at this period, with the characters which we have elsewhere described. Calculi, also, may be expectorated, formed of crude tubercular matter. When softening occurs, the appearances are usually those observed in bronchitis, the sputa being sometimes streaked with a substance of a yellowish, dead-white colour, supposed to consist of detached tubercular secretion; also, occasionally granular agglomerations of tubercle are found floating in the mucus; hæmoptysis may occur at this stage; but when cavities have formed in the lung the appearances are more characteristic. A large tubercular mass may be expelled suddenly, but in general its elimination is gradual. The discharge is thus formed of three parts, viz., bronchial mucus, tubercular matter, and a purulent fluid secreted by the walls of the accidental cavity. According to the relative proportions of these three elements the expectoration varies in its characters. In most subjects it separates into two layers—a semi-transparent, gummy fluid, and a more opaque, solid matter. The latter may be suspended in flakes, or float on the surface of the fluid in small round patches (nummular expectoration.) At a still later period of the disease, the semi-transparent matter is no more to be found, and the matter consists merely of a thick, purulent fluid. At this stage of phthisis, hæmoptysis is more rare than in the first periods. The odour or taste of the expectoration is not characteristic, in spite of the Hippocratic aphorism, that in consumption it is at first salt, and afterwards sweetish. The quantity rejected varies greatly, not only in several, but even in the same individual. Shortly before a fatal termination the expectoration may be suppressed, or become

looser from the enlargement of the caverns. Microscope examination shows in the sputa of consumption the presence of pus and blood corpuscles, of epithelium, of false membranes, and of pulmonary tissue. When a piece of tubercular lung is examined with the microscope numerous corpuscles can be seen, with the particular form described in the first series of these lectures. But it is very uncommon to meet with these special granulations in the sputa, being, as it would seem, dissociated before they are expelled from the chest by the efforts of cough. It has been said, and it is quite true, that tubercular sputa sink in water, and burn with a flame when desiccated; but these characters cannot distinguish them from the sputa of bronchitis, because they result from the presence of pus, which may exist in one disease as well as in the other.

When hydatids form in the pulmonary organs, they may be expelled by expectoration. The sputa of cancer of the lung are said to resemble gooseberry-jam in colour and consistency, but this fact requires further confirmation.

In diseases of the pleura, the expectoration is usually absent, or resembles that of bronchitis; but pleuritic effusions may suddenly be discharged by the bronchi, after ulceration of the surface of the lung. True pus is thus rejected, and penetration of air into the pleuritic cavity soon communicates to its contents a fetid alliaceous odour. The consecutive discharge may continue for a considerable time, and may be recalled after temporary cessation by change of position of the subject, by which a change is also effected in the relative situations of the pleuritic effusion and of the pulmonary fistula. Even after long duration, these cases are susceptible of recovery.

In diseases of the pulmonary organs, the sensibility of the patient may be modified, and furnish signs of the diagnosis.

Many acute or chronic diseases of the larynx may exist without pain, and present a striking contrast between the great change of the voice and the total absence of suffering. When pain accompanies ulcers of the larynx, it is more marked when the sore occupies the vocal chords, or is situated above them, than when it is placed below the ventricles. Affections of the trachea are seldom painful. Acute bronchitis is usually attended with a distressing sense of heat within the chest, which increases with the cough, or with the inspiration of cold air. This pain may occupy the sternal region, or be complained of between the shoulders. Pneumonia, like other inflammations of parenchymatous organs, is seldom of itself a painful disease. "*Pulmonum inflammatio*," says Boerhaave, "*plus affert periculi quám doloris*;" a perfectly accurate remark, the stitch in the side, which so usually accompanies pneumonia, being in most cases due to pleuritic complication. Many consumptive patients suffer very little, others, on the contrary, are frequently troubled with pain, due to the participation of the pleura in the disorder—a fact demonstrated by the adhesions found within the thorax of these subjects on *post-mortem* examination. Some patients feel a sort of tightness round the chest, and are fully aware, from the nature of the sensation, that their respi-

ration is not complete ; in others a sense of uneasiness is complained of in the superior part of the chest ; and in these cases, on dissection, caverns are often found in these regions, separated from the pleura by very thin walls. Occasionally percussion of the chest, and even auscultation with the stethoscope, cause pain in phthisis. Pain between the shoulders is very generally looked upon as a sign of consumption ; we believe that the importance of this symptom has been much overrated ; it seems to us to be merely a muscular pain, due to debility, and observable in most cases of chronic disease ; it is, for instance, almost constant in chlorosis. Hydatids and cancer of the respiratory organs are productive of suffering only when the pleura is affected. Acute pleuritis seldom exists without pain ; its intensity is variable from a trifling to a most intense stitch in the side. It is usually seated below the breast on the affected side, and increased by motion, pressure, cough, or inspiration. It may extend to the whole thoracic wall, or be limited to the cartilaginous edges of the ribs ; in diaphragmatic pleurisy, it spreads to the epigastrium, and even to the abdominal parietes. An ingenious explanation of this pain has been offered by Dr. Beau, and seems confirmed by anatomical investigation. That gentlemen attributes it to inflammation of the intercostal nerves, which, in the posterior third of their course, lie in close apposition with the pleura. Irritation of a nerve, causing pain to be felt in the region of its terminal distribution, excitement of the posterior part of these nerves in pleurisy, naturally occasions a suffering which is referred to the anterior region of the thorax, immediately below the breast.—*Jour. Med. Times.*

The Eclectic Practitioners, or the so-called Practical Men.—There are medical men in high positions, greatly occupied with numerous patients, who, from a want of study, of intelligence, or of time, from a natural indolence, or from being too old to master recent important improvements, affect a supreme disdain for every thing that concerns doctrine or generalization, either physiological or philosophical. They call themselves PRACTICAL men, and speak ironically of *theorists—men of science or of the closet*, such who labour most for the advancement of medical science, and whose knowledge crushes and confounds them. These so-called practical men are those who have no doctrine and no general principles, who gather together ready made formulæ and isolated cases, without any kind of scientific discernment. The only medicine they study is that contained in small books of prescriptions, published in 18mo. which they carry in their pocket, and know by heart. We have frequently had occasion to remark that a practical man, that is, a man who boasts of knowing nothing of scientific medicine, is a medical machine inferior intellectually to a master mason, a locksmith, or a cabinet-maker, for these have principles and a sort of doctrine which they apply in their business. They were appreciated in a like manner by a learned individual whose authority no one could doubt, and who said,—“ The true eclectic works without conviction, without principle, without idea. He is continually

enlarging his circle, in order to enclose within it facts of the most contradictory nature—they sacrifice in a sort to every god, and create a kind of scientific pantheism, not less fatal to true science than pantheism, properly so-called, is to true religion.—*Professor Cruveilhier's Address to the Anatomical Society.*

On the Treatment of Phthisis Pulmonalis by Cod Liver Oil. By DR. HUGHES BENNETT.—The effect of the oil in many cases of phthisis is very striking, and is well seen in hospital and dispensary practice. Individuals presenting emaciation, profuse sweats, constant cough and expectoration, as most prominent symptoms, with a degree of weakness that prevents their standing alone, after a few weeks' use of it are enabled to get up with ease and walk about, with a visible improvement in their general health, and an increased amount of flesh. The physical signs of the disease may continue unaffected for some time; but if the treatment be continued, the moist gurgling râles are exchanged for dry blowing sounds, which become more and more persistent, pectoriloquy is merged into bronchophony, the respiration is easier, and a check is evidently given to the ulcerative process, and the formation of purulent matter in the air passages. In this state, patients often feel themselves so well that they insist on leaving the hospital, or give up their attendance on the dispensary. Dr. Bennett has frequently found it impossible to prevail on such persons to continue the treatment, and the consequence is, that, again returning to their often unhealthy employment and bad diet, and exposed to the other causes favourable to the production of the disease, the distressing symptoms again recur. Several cases, with one or more caverns in the lungs, have in this manner returned to the Infirmary from four to seven or eight times during the last six years, and on each occasion have gone out in their own opinion perfectly cured.

Notwithstanding the difficulties which have presented themselves in bringing about a complete cure of the disease, Dr. Bennett has succeeded, in several cases, in ascertaining that caverns have completely healed up every symptom and physical sign indicating their presence having disappeared, and only slight dulness on percussion, and increased vocal resonance remaining as a proof of the puckering and induration of the pulmonary parenchyma attendant on the cicatrix. He gives two unequivocal cases where this occurred, and alludes to others which he purposes publishing at some future time.

Most cases of phthisis pulmonalis, especially in the advanced stage, are affected with more or less dyspepsia, which renders the stomach irritable, causes total loss of appetite, and is often the cause that prevents nourishment from being taken. In many instances there is no difficulty in employing the oil under these circumstances, but in others it cannot be retained on the stomach. It will then be necessary to calm the irritability of the organ, and the best remedy for this purpose, according to Dr. B.'s experience, is naphtha. It is to the power this substance of checking vomiting, and thereby allowing nourishment to be retained, that he attributes the advantages which have attended its use in the practice of Dr. J. Hastings, and others. The

diet should always be nutritive, without being stimulating; and counter-irritation to the chest is an excellent auxiliary. This treatment should be perseveringly persisted in; whilst, to prevent fresh exudations of tubercular matter, an equable temperature is of the highest importance. To equable temperature must be ascribed the advantages of favoured localities for phthisis, and with proper precautions it can be very well maintained in this climate.—*Monthly Journal Med. Sciences.*

Gunshot Wounds.—A Clinical Lecture by Professor Velpeau.—Gunshot wounds may interest the limbs or the body; we will first study them in the extremities. Of the ebrasure of the surface of the limbs by shot we will say nothing, these wounds not presenting habitually any importance. They are said to be simple when the soft parts only have been injured; they are called compound when the bones, nerves, or vessels have suffered. Laceration of the nerves is a less severe complication than rupture of the vessels; and the latter has not so much gravity as fracture of the bones, unless, indeed, the divided arteries be of a large size. Fractures, complicated by ordinary wounds, have not by any means so formidable a character as those which are accompanied by gunshot wounds, on account of the destruction of tissues caused by the passage of the foreign body, the subsequent mortification, and the rupture of the bone into numerous fragments. We should also observe that the protracted suppuration which follows exposes the patient to the threefold peril—of purulent suffusion in the limb, absorption of pus, or fatal debility.

The wounds inflicted by firearms do not cause, in all parts of the body, fractures of equal gravity. The fracture of two bones in one part, the vicinity of a joint to the injured region, are most serious circumstances in the prognosis. A bone may be simply perforated by the bullet, or its surface grazed by the passage of shot, without complete fracture; in these cases the peril is not great. Fractures of the inferior extremity are far more severe than those of the upper; the most dangerous of all are those of the thigh: the form of the bone, and the nature of its tissue, cause its fractures to be comminuted in almost every instance; besides, the deep situation of the bone renders purulent suffusion of the limb an accident of easy production.

In the treatment of gunshot wounds of the limbs the question of utmost importance to the practitioner is that of immediate or secondary amputation.

In order to solve that question as far as it is in his power, in each particular case, he should recollect that these wounds present three periods. The first, which lasts from twenty-four to thirty-six hours, is characterized by stupor, and is the result of the sudden disturbance occasioned in the nervous system by the wound received whilst the subject is in a high state of excitement. The second period is marked by inflammatory reaction, and is analogous to the stage of elimination of burns. The portions of tissues which have been in contact with the bullet are disorganized by the violence of its passage, and must

be removed by the efforts of nature. During the first three days of this second period, swelling and inflammation are observed; they soon cause an ichorous and thin fluid to be secreted, and finally the formation of true pus.

Amputation should, if necessary, be performed during the period of stupor, and not during the inflammatory stage. The task of the surgeon is often very embarrassing, and it is most difficult in some cases to come to a decision, the deceptive hope of preserving the limb often inducing the practitioner to defer amputation until it is too late to save even life. Fractures of the thigh are, of all, the most difficult, appearing often not very serious, and yet melancholy experience informs us that almost invariably they require amputation. Such is, at least, the opinion of Larrey, Perey, &c. When these wounds are in the neighbourhood of a joint, the operation is imperatively demanded.

Between the first and second periods of gunshot wounds, hemorrhage or gangrene may take place: if abundant loss of blood follows immediately the stage of stupor, the limb should be removed at once. We will say the same if mortification shows itself, and we do not admit that the surgeon should wait for the limitation of the gangrene. In none of our cases have we used chloroform; we believe that it might increase in a dangerous degree the stupor of the nervous system already produced by the wounds.—*Medical Times*.

Observations on the peculiar Diseases to which the Famine of last year gave origin, and on the Morbid Effects of insufficient Nourishment. By DANIEL DONOVAN, M.D., Skibbereen.—In the above district, whose name has become familiar to every one, famine and pestilence broke out earlier, raged more severely, and committed greater ravages than in any other part of the kingdom. Dr. Donovan's ample opportunities of observation here brought him in contact with many forms of disease new to him, and undescribed by medical authors. These he proposes to designate famine cachexia, or lingering starvation; famine fever; famine dysentery; land scurvy; anemic dropsy; stomatigus and pemphigus malignus; abortion and asthenic sterility. Although at all times cases of death occur in Ireland which are traceable to insufficient nourishment, few persons previous to last year had seen human beings die from absolute want of food. In most cases, even those who died of starvation could procure some food, which preserved life until exposure to cold or some other accidental cause extinguished the feeble spark. In many instances diarrhœa, asphyxia, or syncope preceded death, and thus in many cases the death may have been attributed to disease, although it was, in reality, the result of imperfect alimentation.

Symptoms of Starvation.—The persons who have suffered from starvation describe the pain of hunger as at first being very acute, but after want of food for twenty-four hours, the pain subsides, and is succeeded by a feeling of weakness and sinking, especially felt in the epigastric region, with insatiable thirst and distressing feeling of cold-

ness over the whole body. In a short time the face and limbs become frightfully emaciated; the eyes acquire a most peculiar stare; the skin exhales a peculiar and offensive fetor; and is covered with a brownish filthy looking coating, almost as indelible as varnish. Dr. Donovan first supposed this to be encrusted filth, but was subsequently convinced that it was a peculiar secretion poured out by the exhalants of the surface. The sufferer tottered in walking like a drunken man, his voice became weak as in cholera, he whined like a child, and burst into tears on the slightest occasion. Prostration of the mental faculties kept pace with the physical debility. Imbecility, and sometimes complete idiotism were observed; but in no case the mania or delirium described in many instances of starvation in shipwrecks.

The case of a boy aged fourteen is described, who cut the throats of two other children to get possession of some Indian meal, and who, when subsequently seen by Dr. Donovan, appeared like a congenital idiot. His faculties have again brightened since he was committed to jail, and has been supplied with food. [It would be interesting, in a medico-legal point of view, to know whether the boy was tried for this crime.] In the young and infant population the natural instincts seemed to be sharpened by the same causes which paralysed the faculties of the adult—babes scarcely able to speak became expert beggars, and infants a few weeks old would drink greedily from any vessel, and attempt to feed themselves.

Post-mortem appearances.—According to Dr. Donovan the post-mortem appearances are in no respect peculiar or characteristic. They are in kind similar to those which may accompany various lingering diseases; and their true cause is to be inferred rather from the absence of any pathological indications of other diseases, than from any characteristic peculiarities. Dr. Donovan never met with inflammation or erosion of the stomach, described as common in cases of starvation. He supposes that these may occur in persons in health who have been suddenly deprived of food, and he is induced to ascribe it to the action of the gastric juice.—[We doubt this. Erosion by the gastric juice takes place where food has been taken shortly before death. It is not secreted in fasting animals.]

The appearances witnessed were excessive emaciation, total absorption of the fat on the surface of the body, total disappearance of the omentum and a peculiarly thin condition of the small intestines, which, in such cases were so transparent, that if the deceased had swallowed food immediately before death, the contents could be seen through the coats of the bowel. In one case Dr. Donovan was able to recognise a piece of raw green cabbage in the duodenum of a man who had died of want. Dr. Donovan regards this condition of the intestines as the strongest proof of starvation. The gall-bladder was commonly full. The urinary bladder contracted and empty. The heart pale, soft, and flabby. The brain and lungs normal.

Treatment.—Dr. Donovan very properly points out the importance of a cautious return to the use of food. Too much given at once induces vomiting and exhaustion; a stimulating diet, too long

continued, is apt to produce reaction terminating in fever. He found bread and milk, given frequently in small quantities, to answer best. Rice and soups aggravated the diarrhœa which is the most harassing symptom. It was best combatted by opium, decoction of logwood, and chalybeates.—*Dublin Medical Press.*

Erysipelas.—*From Lectures on Surgery in the London Medical Gazette.* By BRANSBY B. COOPER, F. R. S., &c.—You may consider this subject, gentlemen, as belonging rather to the province of the physician than to the surgeon; but erysipelas so frequently follows local injury, that, unless a surgeon is acquainted with the phenomena connected with this disease, and the appropriate treatment for their relief, he would constantly be obliged to transfer the care of his patients to the hands of the physician. In fact, no better instance than erysipelas can be adduced to prove the necessity for a surgeon to render himself thoroughly acquainted with loco-constitutional diseases.

Erysipelas is an inflammation of a very peculiar character, attacking the external surface of the body, and indicating all the usual signs of a morbidly increased action, attended with redness, heat, swelling, and pain, each of these offering characteristic marks. Sometimes it seems to attack the skin only, unattended with any concomitant constitutional disturbance: it is then termed erythema.

The redness of erysipelas is remarkable, on account of its sudden disappearance upon the slightest pressure, leaving a white spot; but the redness almost instantaneously returns upon the removal of the force. The intensity of the colour varies very much in different cases, and this variety depends more upon the constitution of the patient than upon the severity, or any peculiarity in the disease itself.

The heat of the affected part is of a burning character, and is described by the patient as producing a dull pricking, or rather tingling, sensation. The degree of swelling depends upon the circumstance of the sub-cutaneous tissues being affected or otherwise; for, when the skin alone is inflamed, there is little or no swelling or tension, and, in fact, the inflammation is at this period to be considered as merely erythematous; but, immediately upon the implication of the cellular membrane, swelling becomes a prominent feature of this disease.

The pain is seldom acute, but is said to resemble a tingling stiffness, and it produces invariably a restlessness which is highly characteristic of the disease. If pressure be applied to the inflamed part, the pain and uneasiness are very considerably increased. The local symptoms are generally preceded by considerable constitutional disturbance—such as pain in the head, full pulse, loss of appetite, rigors followed by dejection, debility, sometimes vomiting, and early delirium, if the head be the seat of the disease. Although these symptoms likewise frequently attend common pyrexia, there is something so peculiar in their nature—so sudden in their development—that every experienced nurse in an hospital recognises them as premonitory signs of erysipelas.

Medical writers have distinguished erysipelas by the terms phlegmonous, bilious, and local or erythematous. Were I to take this detailed view of the disease, I admit, gentlemen, that I should be rather encroaching upon the province of the physician. I shall therefore dwell especially on the phenomena resulting from local injury—"traumatic erysipelas."

The question naturally arises, whether injury to any tissue can in itself produce the specific action of erysipelas without accessory constitutional predisposition. I am myself inclined to reply in the negative; for I believe that this disease is the result of a constitutional derangement, arising chiefly either from epidemic or endemic causes, for how frequently is it observed in this and every other hospital, that, when one patient has become affected with erysipelas, others are found liable to its attacks from causes much too slight to be considered capable of producing the like result under ordinary circumstances. This is so well known, that every hospital surgeon postpones the performance of surgical operations even after the patient has been prepared for the ordeal, if he is aware that erysipelas is present in the ward.

It is quite true that a healthy person would probably resist the infection; but, under the depressing influence inseparable from an operation, it would be incurring an unwarrantable risk to expose a patient to the continued influence of such a poison, particularly if the case is one which will, under any circumstances, admit of delay.

There is certainly a peculiarity in traumatic erysipelas, with respect to its so frequently following wounds of the head and face; and I consider that this may depend upon the insertion of all the muscles of this region into the skin, the tissue invariably first affected by this peculiar description of inflammation.

Hence, in the case of persons suffering from an attack of erysipelas in the face, the most complete state of quietude, and absence of all mental excitement, are desirable, as affording the only means of preserving these muscles in a perfect state of rest, as they are immediately put into motion by the operation of almost every external circumstance, or by the least mental disturbance.

Another peculiarity in erysipelas, not yet alluded to, is its erratic tendency, or what is technically termed "metastasis," which constitutes one of the most remarkable features of this complaint.

The consideration of this fact forms a very important point in regulating our practice, and especially in erysipelas of the head; for, however proper it may be to attempt suddenly to subdue erysipelatous inflammation of the limbs or trunk, by the application of evaporating lotions, or any other means of abstracting the abnormal heat of the affected part, such treatment is quite inadmissible in erysipelas of the head or face, owing to the danger of producing metastasis to the membranes of the brain.

I have more than once seen a patient delirious a few hours after cold had been applied to an erysipelateus scalp, and restored as quickly to consciousness by the substitution of warm fomentations for the eva-

porating lotion. The rationale of this is sufficiently obvious: the action is due to the free anastomosis between the vessels of the pericranium and of the dura mater, through the substance of the bones of the skull; so that any cause that propels the blood from the pericranium must produce a proportionable influx into the vessels of the dura mater.

Patients attacked by erysipelas (more especially in this metropolis) bear depletion very badly, and there are but few cases in which general blood-letting can, in my opinion, be admissible.

Leeches should never be employed in erysipelas, as their bite becomes a fresh source of irritation; and, indeed, it is frequently the exciting cause of this peculiar character of inflammation.

The only antiphlogistic plan, therefore, left, is that of acting upon the secretions, which effect is readily produced by employing the following remedies:—R Hyd. Chloridi, gr. iss.; Pulv. Jacobi veri. gr. iij. M. ft. Pilul.; Magnes. Carbonat. gr. x. R Sodæ Sesquicarbonat. ℥j.; Vin. Ipecac. ℥ss; Mist. Camphoræ, ℥j. M. ft. Haustus adde Succu Limonis Recentis, ℥ss. et in statu effervescentia sumendus bis terve quotidie. Should the patient evince any typhoid symptoms, ammonia should be substituted for the soda.

If there be much tension of the skin, attended with small blisters, without remission of febrile symptoms, it should be punctured in several places, to allow of transudation of the effused serum. This operation generally affords great relief. With respect to the long incisions recommended by some surgeons, I consider that practice to be worse than useless, unless there be extensive sloughing of the cellular membrane, which will very rarely occur if punctures be made as soon as the necessity for such relief is indicated by the tension of the skin; indeed, I have known fatal sloughing sores induced by the practice of incisions, and in more than one case death occurred from the hæmorrhage immediately resulting from the operation.

When erysipelas becomes diffused, the vivid discoloration of the skin diminished, the tongue dry, and the general signs of debility manifested, stimuli are required; but in common cases generous support is preferable to stimulus: I therefore usually prefer porter to wine or brandy, excepting under the circumstances above mentioned.

Where the inflammation of erysipelas has a great tendency to spread, it has been recommended to attempt to check its course by cauterising with lunar caustic the skin above the inflammation. Some have recommended mercurial ointment to be employed with the same view; and indeed I have seen both of them produce beneficial results by circumscribing the extent of the inflammation. I presume that the lunar caustic and the mercurial ointment close the pores of the skin wherever it is applied, and, preventing the natural cutaneous exhalations, set up a new action, and so tend to prevent the spreading of the erythematous inflammation; for, as far as I have observed, any other ointment will answer the purpose as well as the mercurial.

This fact would certainly lead one to the belief that erysipelas is, at any rate at its commencement, a cutaneous disease, and the extension to the subcutaneous tissues the result of a secondary action.

Vesicles generally form in those cases which do not terminate by resolution; hence erysipelas has been classed under the order *Bullæ*, by Dr. Bateman.

In debilitated constitutions, diffused abscesses frequently follow erysipelatous attacks, sometimes even at a distance from the originally inflamed part. Indeed, I have occasionally seen abscesses follow wounds around which no erysipelatous inflammation had occurred, and yet subsequently diffused cellular membranous abscesses have formed in different parts of the body, attended with considerable local inflammation; but whether these could be regarded as erysipelatous affections, I have frequently had much difficulty in determining. What I mean to express is, gentlemen, that it is often very difficult to distinguish the inflammation resulting from the formation of abscess in debilitated patients from phlegmonous erysipelas. In these cases, also, as in erysipelas, the abscesses are rarely limited by an adhesive boundary, but are diffused, indicating the extreme debility of the patient.

When abscesses result from erysipelas, they rarely extend beyond the subcutaneous cellular membrane, and do not appear to lead to absorbent inflammation, probably in consequence of the freedom with which the matter becomes diffused; while, on the contrary, when pus is formed in more deeply seated structures, as in subfascial and thæcal abscess, it is pent up by the inextensible tissues, and leads, therefore, to more urgent constitutional disturbance, and requires early provision for its evacuation.

Great care and attention are required after a patient may have apparently recovered from an attack of erysipelas, owing to the great tendency to relapse which generally exists in such cases; and it may, perhaps, be said—at least so my experience leads me to believe—that a person once attacked by this disease is ever after liable to its return from any exciting cause to inflammation—a circumstance which would seem to prove that the disease depends more upon peculiarity of constitution than upon the nature of the accidental injury, or even, perhaps, than upon any epidemic influence.

I have said, gentlemen, that it might be considered a deviation from my province to speak of bilious erysipelas, and other particular constitutional derangements modifying this disease; still, do not for one moment imagine that I consider it unnecessary for you to study, and *scrutinously* too, the peculiarities, diathesis, and temperament of your patient; for you must remember that the slightest local injury can never occur without the restorative process being influenced by the age, sex, habit, and constitution of the subject; and whoever fancies that, because he has made himself acquainted with the name of the disease, he can at once apply some well known appropriate remedy, will never advance beyond empiricism, nor establish his title to be considered in the light of a scientific practitioner; and I would almost say that his practice would be dangerous in proportion to his rapid decision in the classification of disease, if that alone be his aim. After what has been said, as to the tendency to erysipelas following the

wounds of the scalp, and skin of the face, let me urge you, gentlemen, to be cautious how you undertake even trivial operations, on these regions of the body, without first having duly prepared your patient for the effects they invariably produce in the system. In some cases you may be requested to remove small encysted tumors from the scalp—an operation so trivial that it may be executed by a mere tyro in the profession—but even the most experienced and skilful surgeon may risk the life of a patient, and his own reputation, by want of a little precaution.

Never, I say, undertake such a task without first well ascertaining the actual state of your patient's health, as to the absence of any organic disease, the condition of the bowels, state of the urine, and natural performance of the functions essential to a healthy state of body.

Several years ago I removed an encysted tumor from the head of a patient. Upon making a mere incision through the skin it immediately turned out, the operation of extracting it not occupying more than a minute. On the third day I considered my patient convalescent; on the fourth I was suddenly sent for to see him, and found that a most startling change had taken place in his condition. I should not have recognised him; his head was swollen to twice its natural size; not a feature could be discerned; and his complaints were urged in muttering delirium. I immediately ordered him (as his bowels were costive) a large dose of calomel, fomented his head and face, punctured the scalp, and prescribed diaphoretic effervescing draughts. The day following he had but slightly improved, although his bowels had been freely opened, and I immediately proposed a consultation. The gentleman who met me recommended bleeding—a remedy to which he especially trusted in all cases of febrile action. But as the patient had a very dry tongue, attended with delirium, and was complaining of great thirst, muttering in almost inarticulate sounds his desire for porter, I proposed we should try its effect: this was consented to, and I held a pint of porter to his lips; he drank it off at a draught—soon fell into a sound sleep; when he awoke he was perfectly free from delirium, and from that moment his recovery rapidly progressed.

In relating this case, gentlemen, I do not mean to inculcate the propriety of the invariable use of stimulus, but I do believe that in most cases it will be found a safer remedy than bleeding, more particularly in London, or any crowded city; nor have I formed this judgment from the solitary case just mentioned, but it is an opinion founded upon my own experience and the practice of my colleagues in this hospital as well as in private.

A lady applied to an eminent surgeon, to ascertain from him whether a small encysted tumor could be removed with perfect safety from her head; to which he replied, "certainly." The operation was immediately performed, but seven days afterwards she was dead from an attack of erysipelas.

The next case, as the patient was not attacked by erysipelas after

the operation, may be considered out of place with regard to our present considerations; I have mentioned it, however, merely to exemplify the necessity of ascertaining the real constitutional condition before you venture to submit a patient to any mechanical lesion.

A short time ago, an individual came under my care with an external pile and a fissure in the mucous membrane of the rectum; he was considerably out of health, and attributed all his ailments to the sufferings he experienced in the passing of his motions, owing to the local disease; he urged me to relieve him by operation. I kept him, however, a week or ten days under my care before I operated, and by soothing remedies had somewhat improved his condition, when I removed the external pile, and drew the bistoury across the fissure, the whole time of the operation not exceeding half a minute. The patient felt immediate relief after the operation; he had little or no pain in the passage of his motions, but in the course of four or five days he was seized with symptoms of subacute peritonitis; calomel, and opium, and leeches were ordered, but four days afterwards he died.

Upon examination of the body, he was found to be the subject of granular kidneys, (the morbus Brightii) which no doubt had caused his death.

It had been ascertained, during life, by my dresser, that his urine was albuminous; but I considered the severity of his suffering demanded the performance of this slight operation; although the sequel renders it a matter for consideration whether I was right, under these circumstances, in subjecting him to a fresh source of irritation.

From such cases as these you must be impressed, gentlemen, with the necessity of doing everything which the science of surgery can insure, so far as lies in your power, to place your patient in the greatest state of security before you subject him to any surgical operation, and even then never promise that any operation, however simple, will be perfectly free from danger; for depend upon it, it is as unwise to treat slightly the most trifling incisions of the skin, as it is dishonest to attach to an operation more importance than it justly deserves.

Some surgeons suppose that it is better to perform what are usually considered simple operations at the moment, than to allow the dread of anticipation to remain in the mind of the patient, and then proceed to act upon this opinion without any preliminary precaution. There are, however, I believe, but few patients who will not duly appreciate the cautious recommendation of a surgeon to submit to some little preparatory discipline, and he will gain much more confidence from the patient by this display of his judgment, than from the hasty recklessness which evinces boldness and self reliance, rather than judicious precaution.—*Brit. Amer. Jour. of Med. and Phys. Science.*

MILITARY SURGERY IN PARIS.

Souvenirs of the 24th of February—the temporary Hospitals.—On the 24th of February, while the lugubrious sound of the tocsin was mingled with the beating of drums and the reports of musketry,

more than one hundred military officers of health stamped with impatience behind the gates of Val de Grâce, waiting only for an order, a word, to carry immediate succour to their brethren who fell. These orders, not to speak of commands, should come by means of the military intendants, but not an attendant appeared. These gentlemen had other things to think of, I suspect. I do not intend to throw blame on those justly-esteemed gentlemen; but passing over these, I will formally attack the principle. If the intendants cannot sufficiently watch over the accomplishment of measures so interesting to humanity, why confide this business to them?

In the meantime the impatience redoubles and increases, and already some of the surgeons provide themselves with the most indispensable materials, and proceed, either singly or in groups, to the quarters where their aid was required. The remainder still waiting. The firing and the cries increased. Shall they obey the voice of humanity, which cries "March!" or the barbarous and blind rule which commands inaction? Hesitation is impossible. The movable hospitals are regularly organized; every one wishes to form a part of them; they endeavour to obtain, as a favour, the privilege of following them. The administration readily complies with this unlooked-for appointment. The overseers of the military infirmaries are put at the disposal of the surgeons: they are furnished with litters, amputation instruments, and all the necessary materials for the first dressings. The mayorality of a district was appointed as the head-quarters of each moving hospital.

The first hospital, under the orders of Dr. Marney, the second under those of Dr. Radat, attended to the eleventh and twelfth wards; the fourth, with M. Cabasse at its head, whose name is so justly popular on account of his heroic conduct and rare devotion during his captivity in Africa. With his staff, he betook himself to the "Place de la Bastille," and there a great number of wounded experienced under his skilful hands the first ease to their pains.

We were at the head of the third ambulance, consisting of two assistants, MM. Laparay and Leroy, and ten pupils; all whose names we should mention, if we wished to name all who deserved it. Nine infirmary overseers followed us, carrying two litters. Our intention is not, God knows, to set our acts and movements before the eye of the reader. Such a pretension would not harmonize with the slight service which we rendered in the accomplishment of our duty; but our mingling with both the parties, and our contact with the population, both military and civil, in those moments of strife which exalt the passions to so high a degree, causes us to observe the attitude of each towards the medical body which had come forward to dress all their wounds.

The mayorality of the tenth ward was our head-quarters. From Val de Grâce to the Rue de Grenella Saint Germain our march was one long ovation. The people understood by their admirable instinct that suffering makes all men equal, and that the surgeon, whenever a wounded man falls, hastens to succour him, without ever thinking if

he marched under the flag of friends or enemies. "Vivent les Ecoles!—vive le Val de Grâce"—such were the cries with which we were everywhere greeted. A hundred fraternal hands pressed our hands; hats were waved on the tops of sabres and guns. If one of us stumbled in climbing over a barricade, he was lifted up by the crowd, and carried and let down farther on in the clear road; and the cries redoubled, and the hands gave us more numerous and closer embraces.

We were already more than paid for what we could do in our journey to stop the blood of this generous and noble people.

A little incident, notwithstanding, nearly proved fatal to us. One heroic apprentice-boy, as was seen before in 1830, carrying a gun taller than himself, threw a covetous glance on our swords, which he wished for his belt, which was hanging by his side without any arms. "Let us seize on their swords; they do not want them!" cried he with a squeaking voice, with which was mingled other juvenile voices. Panurge's sheep are met with in all times and in every class. Affairs were positively threatening, but happily the hostile band was followed by a crowd which overwhelmed us with acclamations, and whose cheers drowned the cries of the first.

One of my companions was maltreated, and even was in positive danger. Whilst on the "Place de la Concorde," he was attending to a captain suffering from cerebral congestion; he was assailed by three individuals who seized his sword, broke it, and threw away the fragments. The effervescence of the moment made them forget the inviolability with which our mission to all humanity surrounded us. Another man from the people ran up to him threatening him with death, and advancing his bayonet; but at the sight of the instrument-case he stopped short, seized with remorse in the middle of his rage. Our companions' hands were seized by four of the common people, which seemed to say: "We wish you well: an instant's forgetfulness is very pardonable in those moments so full of great emotions and unexpected events."

Arrived at the municipal seat of the tenth ward, we were informed that there were no wounded in that quarter; and notwithstanding the order which we had received to confine ourselves to that mayoralty, we determined to seek to render ourselves useful in other places. They were fighting in the neighbourhood of the Carousal; that was our place. In passing before the railing of the Tuileries we were not recognized; some balls whistled over our heads and fell near us. But soon we were surrounded by a group of the armed people, who offered their protection. It became necessary to choose a place to set up our hospital in. We now heard only some scattered shots: our installation was made peaceably enough in the yard of a house situated nearly under the temporary wooden corridor which flanks the grand picture gallery. The wall of the court and the pannels of the gate appeared to us sufficient for the support of our wounded. We immediately set to work; and some citizens were placed at the door as sentinels to prevent the crowd from coming in to interrupt us in

our business. It was very necessary to hoist a signal which would make us known at a distance, and would command respect for the asylum of suffering. The red flag, the people's colour, would not suit us, for we required a standard essentially neutral and characteristic. A black silk apron, which was given us by a woman, was immediately tied to a long pole, and soon floated over our door. In the meantime a man, mounted on a ladder, and being provided with a bit of charcoal by way of brush, wrote "Ambulance," in large letters.

A horseman from the chateau was struck, not far from us, with several shots, which caused him to fall from his horse. I immediately sent a litter to take him up, and he was immediately brought into our hospital: our care was useless; a ball had cut through his carotid; he expired whilst coming in. But some of the people who followed the litter into the house discovered thirty or forty chasseurs standing by their horses in a stable. The people immediately set themselves to disarm them. Strife was about to commence even in our hospital—war to disturb the asylum of peace and of pain, and blood to flow in places set apart for the staunching of blood and closing of wounds! The place was no longer a place for us to remain; we quickly removed our hospital, and the closing of the door separated the two parties, and put an end to the commenced collision. We regained the Carousal with the bitter thought that we had brought about, although involuntarily, a combat in which our brethren were killing one another.

When we entered our hospital the Tuileries were surrounded by a compact body of troops of the line and of cavalry; all had been changed in that short time; the troops were retiring. For a moment the front of the chateau was bare, mournful, and silent; but presently the balcony door of the parlour of Marshals opened, all the windows are opened, and we saw the flag of the people and National Guard waving in the saloons. The strangest revolution had taken place before our eyes; the royal family had taken to flight, and the people were sovereign.

The firing ceased at the same time around the Tuileries; the only discharges which we heard was from the Palais Royal, where everything showed that the resistance was about to cease. Under these circumstances a central and fixed hospital seemed to be the fittest for the purpose; it was necessary to multiply the succour by dividing the staff, so that the wounded might be collected from every part and transported to a proper place. The mayoralty of the tenth ward again received us; there we divided into three sections, the first of which was under our orders, whilst the two others were confided to MM. Laparay and Leroy, whom I directed to the Palais Royal, protected by picquets of the National Guards, and accompanied by the overseers carrying the litters. It is to those two sections that I award the greatest part of the honour of that day; they dressed thirty or forty wounded, who were for the most part carried to the Hospital La Charité.

At the Palais Royal, the Orleans Gallery had been converted into

a vast temporary hospital, where might be counted, for a long time, thirty or forty wounded, those whom they incessantly carried from the streets, which were the scene of combat, replacing those who were taken away in litters from the hospitals. The approaches were strictly guarded by some of the people and pupils of the Polytechnic School. Their vigilance guarded the passage against those for whom assistance was not necessary. The sumptuous canopies of the royal saloons served as beds for the wounded, and the head of the child of the people lay on rich damask cushions. The doctors in the civil service, the surgeons of the National Guard, and especially of Val de Grâce were there running from one wounded to another, but with the same care for all. A good many of them passed the day and the entire night in the hospital of the Orleans gallery.

The combatants of all parties who fell in the streets, in the neighbourhood of the Palais Royal, were carried to the Orleans gallery; many were taken up by the inhabitants of the neighboring houses who lavished on them the greatest care. The rich generally offered the cushions of their canopies; we have seen poor housekeepers tear up excellent shifts to supply us with bandages, and deprive themselves, in favour of the sufferers, of the only mattress which they possessed. It is sometimes true to say that the sight of blood stimulates the war-like instincts, and causes the hideous passions of vengeance to arise; it is necessary carefully to establish an exception in the circumstances where no longer a fallen enemy is to be dealt with, a conquered stranger, but a brother against whom unfortunate circumstances armed us for a moment. So the man from the people, the soldier of liberty, stretched out his hand to assist the soldier of the monarchy whom he had just conquered. "Honour to unfortunate courage," cried the emperor, whilst standing before the litter which carried the wounded of the conquered party; respect for all suffering, so thought the people in offering their shoulders to carry the wounded soldier, in addressing a few words to him, but which came from the heart, and expressed much in few words.

While MM. Laparay and Leroy laboured so actively, we gave our care to some men lying on the camp beds of the mayoralty guard. One was so strongly pressed by the crowd, that he was in danger of asphyxia; another, had received a ball in his leg; a third, had entombed in his stomach, unaccustomed to such things, some kidneys cooked with Madeira, which were prepared for the royal table, and had washed them down with sundry bottles of old Bordeaux. The excitement of the combat—excitement of the alcohol—you understand. As soon as he recovered from his collapse, he commenced brandishing a large wooden spoon, which he had held with tenderness against his breast. Six drops of ammonia caused him rapidly to come to himself; he got up, and cried, still hiccupping—"Vive la republique!" and went off with his precious trophy, which he called the king's spoon.

The evening came on, and there remained two men on the beds, one only of which required to be removed to Val de Grâce. We had

neither litters nor overseers. A neighbour offered us a stretcher bed, which was kept spread open by two pieces of wood across, so as to form a litter, which could be easily carried. There remained to find the porters. I exposed my wounded man in the street on his bed, and I remained standing beside him. My mute appeal did not remain unanswered. Immediately the litter was taken up, and the train moved on, preceded by two National Guards: other armed men joined us on the way. Two women who followed us, sacrificed their handkerchiefs, which they folded into a cushion, and interposed between the shoulders of the porters and the wood of the stretcher. In the Rue de l'Ouest, the stretcher broke down in front of a shop; the proprietor immediately tore down a board from the front to assist us in mending it. In passing under a lamp I recognized amongst the porters my friend Moretti, sub-assistant surgeon, thus modestly making use of his physical powers after having made use of his scientific.

During the 25th and 26th, the surgeons of Val de Grâce organized other hospitals which were sent to Neuilly, to Vincennes—everywhere in fact where they expected bloodshed. They also searched the civil hospitals to discover soldiers who might have been temporarily brought there, and to transport them to the military hospitals. The tranquillity which reigned since the 24th had not sufficiently reassured the overseers.

At the side of the military surgeons who were assisting the wounded, they saw others on foot and on horseback, conducting the popular groups, carrying the orders of the provisional government, overseeing the distributing of the provisions, and following the patrols destined to preserve the public peace. In these critical times the physician has two duties to perform, as a citizen and as a physician; Val de Grâce did not forget it for an instant. We only regret that the resemblance of the uniforms should cause confusion of the military with the pupils of the Polytechnic School. To be placed in public opinion, side by side, with this illustrious school, is, without doubt, a most enviable position; but notwithstanding we ought to keep our individuality perfect, when we have the sentiment of having conscientiously discharged our double duty, and when we have a colour brilliant enough to be put in competition with other colours.—*Dub. Med. Press, from Gaz. Médicale de Paris.*

On the Methods Employed for Disgorging Leeches to render them fit for use after previous Application. By MM. SOUBEIRAN and BOUCHARDAT.—A cavity was made in a firm soil, and filled with white unctuous clay, of such a consistence that the leeches might easily penetrate it, taking the precaution, however, not to have it too soft. The soil had a slight inclination to enable the water to run off through a grating placed at the lowest part. In this manner the clay was moistened and not covered with water, except at the lower part. The clay being thus arranged, was inundated with water every day so as to wash it and moisten it slightly. Every day, also, the dead leeches,

a vast temporary hospital, where might be counted, for a long time, thirty or forty wounded, those whom they incessantly carried from the streets, which were the scene of combat, replacing those who were taken away in litters from the hospitals. The approaches were strictly guarded by some of the people and pupils of the Polytechnic School. Their vigilance guarded the passage against those for whom assistance was not necessary. The sumptuous canopies of the royal saloons served as beds for the wounded, and the head of the child of the people lay on rich damask cushions. The doctors in the civil service, the surgeons of the National Guard, and especially of Val de Grâce were there running from one wounded to another, but with the same care for all. A good many of them passed the day and the entire night in the hospital of the Orleans gallery.

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On the Methods Employed for Disgorging Leeches to render them fit for use after previous Application. By MM. SOUBEIRAN and BOUCHARDAT.—A cavity was made in a firm soil, and filled with white unctuous clay, of such a consistence that the leeches might easily penetrate it, taking the precaution, however, not to have it too soft. The soil had a slight inclination to enable the water to run off through a grating placed at the lowest part. In this manner the clay was moistened and not covered with water, except at the lower part. The clay being thus arranged, was inundated with water every day so as to wash it and moisten it slightly. Every day, also, the dead leeches,

that rose to the surface were removed. To prevent the escape of the leeches, the brink was surrounded with bricks, cemented with Roman cement, about a foot in height; it was then covered with a wooden frame that over-reached it about one foot, and to which were fixed, by means of nails, some pieces of cloth about two and a half or three inches in breadth, unravelled at the lower part to the height of three-quarters of an inch or an inch, and this was found to be a sufficient obstacle to the escape of the leeches. The aperture in the soil was twenty inches square, and about a foot deep, 6,500 leeches were placed in it; the experiment was commenced in the month of December; in the month of June following, the leeches were taken out, after allowing the clay to dry to a firm paste. They were found in groups of two to six together, in small crevices, surrounded with a greenish matter. They were very lively, and were placed in water, which they immediately tinged green. In two or three days they were equal in appearance to the best new leeches, and superior to them in quality, for they all took quickly, and remained a longer time on the patient. From this it would appear that the question was decided; but we found afterwards, in operating on larger numbers, sufficient for the consumption of the Hôtel Dieu, that we were less fortunate. Two causes tended to this unfavourable result; on the one hand, gorged leeches are more liable to disease than others; on the other, the blood that they discharge becomes by its decomposition an incessant cause of their destruction. Profiting by these failures, we then tried only a limited number of leeches, but notwithstanding the greatest care, we could only employ a fifth, or at most a fourth, of the number originally taken. Still, however, we had no doubt as to the possibility of ultimate success, and in this we were confirmed by the information obtained from M. Lesson, of the Hospital at Rochefort. The arrangement there consists of two reservoirs or vessels of cut stone.

The bottom of these vessels is coated with a bed of blue clay about a foot deep. In the centre is a beechwood frame, filled with the same clay in which are placed some aquatic plants; this mound is intended to serve as a protection for the leeches, which penetrate deeply into it, and produce their cocoons. The plants contribute to keep the water, which runs in at the top, fresh and supplied with air, whilst the thick water rendered impure with the blood, escapes by the pipe at the lower part of the vessel. Each vessel will contain 20,000 leeches, and in two years they have paid for the cost of their construction. Before placing the leeches in these vessels, M. Lesson immerses them in a small quantity of water in vessels running obliquely to the bottom. This water, replaced frequently by fresh, in the course of eight or ten days cleanses them from the external blood, and is charged with a quantity of mucous matter. The leech assimilates by degrees, or rejects the blood it has sucked, and after this time they are put in the reservoir, where they lose gradually their torpor under the influence of fresh water, comparative abstinence, and the elements of their natural habitations. At the hospital at Metz they have had for more than eight years a pond, in which they catch on an average from

16,000 to 18,000 leeches annually. This pond has the greatest resemblance to marshes and lakes. The water runs off but slowly, and is supplied anew by a stream running from one of the leats of the town. This reservoir is not cemented or coated with clay; the bottom is covered with slime and mud, in which the leeches obtain their support. Several aquatic plants are also disseminated in it. In spite of all the precautions taken, however, not more than a third of the gorged leeches that had been deposited there were retaken.

After numerous experiments, we give the preference to the method of pressure, if carefully managed, and we have obtained at the Hôtel Dieu, most satisfactory results, which have also been arrived at by others, engaged in the investigation of the subject. We admit, in fact, that of all the methods we have tried, the one presenting the greatest advantages is that of slight pressure between the fingers. This process, which we at first rejected, and which in its most simple form we still consider as impracticable, is entirely changed in character when submitted to two important modifications: First, the tendency of leeches to disgorge under a slight excitement; secondly, the immersion of these animals in warm water, which keeps up a gentle and necessary stimulus, and gives to the blood a fluidity that renders its discharge more easy. These two conditions are indispensable in practice. As has been well remarked by M. Huzard, in his report, as well as by those who have considered the subject, the leeches, when pressed, contract the muscles of the mouth strongly, and numbers of them refuse so obstinately to return the blood, that their internal structure is destroyed before they will discharge it. The disgorged leeches are allowed to remain at rest in fresh water for some days, they are then applied again, and subjected afterwards to a second disgorgement. Many, however, are so debilitated that they bite without drawing much blood. Custom enables us to judge with much certainty, from their external appearance, whether they are capable of being immediately again employed, and if they are not, they are placed in small artificial ponds, where they may continue at rest some time. Some will undergo two, three, or even more disgorgements, without being placed in the ponds.

Disgorgement of the Leeches.—This should be done on the same day in which they are applied. A dozen are thrown into a solution of 16 parts salt and 100 parts water. Each leech should be taken by its posterior extremity, and dipped in the water, which should be warm, but not more so than the hand can bear; it should then be passed lightly between the fingers, when it will return without difficulty the blood it has taken. The leeches should then be set by in vessels containing fresh water, which should be renewed every twenty-four hours. In the course of eight or ten days, they will be fit for further use, and answer equally as well as new ones. When again used they are to be treated in the same manner; and if it is found that they will not bear a third application, they are placed in the ponds.

Description of the Artificial Ponds.—They consist of stone vessels, internally coated over with Roman cement. These are filled

with water, which is renewed immediately that it exhibits an alkaline reaction. This is an important condition, for alkaline matter is perhaps the most fatal to leeches. One of these vessels will be sufficient for the annual use of 50,000 leeches. Each vessel is divided into three compartments of the following dimensions: length, 39 feet $4\frac{1}{2}$ inches; breadth, 5 feet 7 inches; depth 2 feet 2 inches. The bottom of the vessel is covered with a stratum of softened clay $15\frac{1}{2}$ inches thick, in which some aquatic plants and grasses are planted. The leeches bury themselves in the moist clay, from which they come out again when recovered. A constant stream of water is allowed to flow slowly through the vessel. There is very little mortality in these ponds, because its principal cause, the putrefaction of the blood discharged, is removed.

The construction of these vessels differs; sometimes they are lined with zinc, but the presence of vegetables, is, we think, always advantageous.—*Ibid*, from *Repertoire de Pharmacie*.

A word on Introductory Lectures.—At one time the annual orations delivered at our Universities, and places of education, were looked forward to with something like the eagerness which is felt when a new Prime Minister is about to announce the views of his government. They were regarded as expressions of progress—as exponents of advance, not only of the individual, but of the body to which he belonged, and as such gave the key-note to the session of study which was to follow. But now-a-days these introductions consist of the dullest platitudes, or the most egregious self-laudation. Students of medicine are addressed as though they had not the advantages of the education which a shop-keeper acquires at the Mechanics' Institute, and are gravely told of the importance of a knowledge of Anatomy, Chemistry, and Botany, to the study of Medicine; or, if these common-places are not dwelt upon, the orator endeavours to arrest the attention of his hearers by demonstrating to them how remarkably fortunate they have been in the choice of a school in which to study.—*Athenæum*.

Hereditary Insanity.—There is nothing in connexion with the study of insanity more deserving of attention than the tendency of this disease to be transmitted from parents to their offspring. The fact is most unquestionable, and we are of opinion that it has more influence in producing that disease than all other causes combined. It does not of itself excite the disease, but when it strongly exists a trivial cause will develop it. Thus most of the supposed exciting causes would of themselves be inoperative, if there was not inherited a constitutional tendency to insanity. Sometimes the children of an insane parent are, however, exempt from the disease, while it appears in the grandchildren. Contrary to the opinion of many, we have found this inherited form of insanity as curable as any other, though the subjects of it are very liable to relapse, and from slight and various causes. Sometimes a little sickness, a slight fever, or severe cold, and at others

a little mental disturbance, such as the loss of relatives, or property, or religious anxiety, excite it. We have known individuals thus predisposed to insanity, have repeated attacks, and each time from a different exciting cause.—*From Dr. Winslow's Journal of Psychological Medicine.*

Isopathy.—A new medical doctrine has appeared on the horizon, and it is Germany again, *alma parens rerum*, which enriches the world with this benefit. Homœopathy, magnetism, and phrenology salute their new sister under the harmonious name of Isopathy. Dr. Hermann is the prophet of this doctrine, which is based on the following principle:—Every diseased organ has its remedy in the same organ—thus, if you have a disease of the liver, eat liver; if a headache, eat brain; if you suffer in the bladder or kidneys, nourish yourself on bladder and kidneys; if the testicle be disordered, eat testicle. As the organs may not appear very tempting to certain squeamish persons, M. Hermann has made tinctures of them, which his patients take in spoonfuls, under the scientific names of stomachine, cystine, testiculine, unbria, &c. The work published at Augsburg contains fifty cases of radical cures. Go, young doctrine, increase and prosper—thou wilt doubtless be called to high destinies!—*Medical Gazette.*

Pericarditis.—It is important to notice that the pains accompanying chest diseases are often referred by the patient to situations inferior, in point of position, to those organs actually affected. This accounts for the frequency of liver affection as a clinical disease, and the rarity of its detection on post-mortem examination. The pains of pericarditis are mostly referred to the scrobiculus cordis or hypochondrium. In one case where Jaksch, misled by these symptoms, diagnosed inflammation of the diaphragm, pericarditic effusion was found after death.—*Clinical Notes taken in the Hospital of Prague.*

Endocarditis.—Depositions in the spleen almost always accompany endocarditis, and these correspond in character with the endocardial exudations, being purulent if the latter are purulent, and so on. Jaksch states, that the endocarditis following acute rheumatism, very frequently gives rise to pyæmia. That the formation of aneurism may sometimes be induced, when the texture of the heart has been weakened by carditis or endocarditis, appears evident from the details of a case, in which inflammatory exudation on the lining membrane of this organ co-existed with inflammatory softening of its whole structure at the apex, and in which, at this point, a considerable degree of attenuation had taken place, which might, no doubt, after some time, have gone on to rupture.—*Ibid.*

Method of Recognising the Presence of Blood on Clothes.—Fibrin has the property of attaching itself to the texture of clothes. Sulphuric acid has the property of dissolving textures made of hemp or linen

without altering the fibrine. If, then, a texture of this sort is suspected of being stained with blood, it is to be plunged in concentrated sulphuric acid, which dissolves the texture, and leaves the fibrinous part of the blood presenting a network, where may be distinguished the impressions made by the texture on which the blood was fixed.—*Med. Gaz. from Journal de Chimie Médicale.*

Mr. Syme's Treatment of Callous Ulcers of the Extremities.—Dissatisfied with the usual methods employed by surgeons, the author states that in 1829 he advised the application of “a large blister over the sore and neighbouring swelled parts of the limb, which has the effect of speedily dispersing the subcutaneous induration and thickening, so as to relax the integuments, and thus remove the obstacle to healing action. In the course of a short time, seldom exceeding a few days after the blister has been applied, the surface of the ulcer, however deep it may have been, is found to be on a level with that of the surrounding skin, not of course through any process of reproduction or filling up, but merely from the removal of interstitial effusion, allowing the integuments to descend from the position to which they had been elevated, as may be readily ascertained by measuring the circumference of the limb, before and after it has undergone the effect of blistering. But, along with this change of form, the ulcer in other respects no less speedily acquires the characters of a healing sore, assuming a florid colour, affording a moderate discharge of purulent matter, and presenting a granulating surface with surrounding margin of cicatrizing pellicle. No subsequent treatment beyond the attention requisite for ensuring quiet and cleanliness is needed, and recovery is completed, not only more quickly, but with much less tendency to relapse than when accomplished by other means.

“The facility, rapidity, economy, and lasting effect of this treatment, seem to give it a decided advantage over the other methods in use; and, so far as I am aware, no one who has tried the plan ever afterwards hesitated to employ it in preference to any other. In order to derive the full amount of benefit which the practice affords, it must be carried fairly into effect; and with this view, the principle upon which it is founded should be distinctly understood. I still entertain the opinion originally expressed, that the blisters act beneficially by inducing a process of absorption. The enlargement of the limb being of secondary formation, and resulting from the continued irritation of a sore allowed to remain unhealed through neglect or improper treatment, when once established, prevents the contraction of granulating action, by which alone solutions of continuity, not within reach of union by simple adhesion, admit of reparation. Pressure, the horizontal posture, and all other means that tend to remove the obstacle thus presented, will promote the patient's recovery. But of all the means that can be employed for this purpose, blisters appear to be the most efficient, and should therefore be employed for the remedy, not only of the purely indolent and callous ulcer, but of other kinds, which, in addition to their own peculiar characters, show evidence of complication with indurated enlargement of the limb. From this condition it is hardly necessary to mention that the œdematous swelling of weakness and impeded circulation must be distinguished.”—*Contributions to the Pathology and Practice of Surgery.*

On the Minute Attention to the Comforts of the Insane.—If it be necessary for the treatment of pauper patients that such especial attention should be paid to these points, *à fortiori*, how absolutely indispensable is it that patients of a higher class, confined in private asylums, should have around them all the comforts and little elegancies of life to which they have been accustomed when well, and whilst at home! It is impossible to be too careful in directing that all the service of the table should be in accordance with the habits of the patients. The sense of banishment from home, and of confinement, and the consciousness of mental infirmity and dependence, are mitigated in the mind of many a silent, uncomplaining patient, by these means. Among the depressing recollections of the insane of the higher classes, when recovering from insanity, none are more frequent, or felt to be more degrading, than those connected with any want of respect shown to them, or any disregard of decent customs as to their meals. Yet, without great attention, they will sometimes be found, when quite well enough to appreciate what is done, sitting down to a dinner of meat, vegetables, and pudding, all sent to them on one plate. Negligences of this kind produce fretfulness and discontent, and tend to retard convalescence. If attendants are allowed to practise this kind of negligence, they soon fall into habits of rudeness, and even of inhumanity, fancying that the patients do not observe their conduct, and that their feelings are of no consequence.—*Journal of Psychological Medicine.*

Influence of Age on the Results of Amputations for Diseased Joints.—In cases of amputations for diseased joints in the lower extremity, the increased mortality, after 30 years of age, is exceedingly striking; for of 32 cases of amputation performed on persons above that age, 9 perished, or one in every 3.55; whilst of 66 of those under that time of life, only 3 died, or 1 in 22. After 50 years of age the mortality becomes less than in the twenty years before that time; so that in persons between 30 and 50 years of age, the amputations for diseased joints in the lower extremity have been least successful. How carefully, then, should we in these operations consider the time of life at which our patient has arrived before pronouncing a favourable prognosis! The mortality in the second week after the operation, shows us that it is the occurrence of a less amount of secondary inflammation that the superior success of amputations in early and extreme age consists.—*Dr. Fenwick, Edinb. Monthly Journal, 1848.*

Gout in the Common Fowl.—During the painting of a hen-house, the birds (previously in perfect health) had been transferred for a few days to a damp cellar; where presently some of them sickened and rapidly died. One of the bodies was sent me by a friend, on the chance of its being a pathological curiosity; and such certainly it proved to be. The pericardium and peritoneum were stuffed with a white deposit; similar material lay in all the larger joints; and masses of it had thoroughly broken up the structure of both kidneys. On

chemical analysis, I found it to consist entirely of the lithates of soda and lime; the latter predominating.—*Mr. Simon's Inaugural Address.*

Report of a remarkable case of Somnolency. By JAMES EDWARDS, M. D., L.R.C.S. Edin., Forfar.—There lived in the parish of Cortachy, in the county of Forfar, between 1819 and 1834, a certain female, Euphemia Lindsay commonly known through the most of Forfarshire by the appellation of Sleeping Effie. Her peculiarities were as remarkable as those of any one who has appeared in the annals of human history. She was addicted to wandering, and commonly left her home about the time when other people retired to rest, and during the night would frequently wander from twelve to fifteen miles. It was remarked, that when she took these nocturnal journeys, she was sure shortly afterwards to fall into sleeping fits; and it was no unusual thing for her to sleep two or three weeks without awaking. In the winter of 1820 she slept five weeks, and during the spring of 1825 she slept six weeks and three days, which was the longest sleep she had been known to take. This happened during the ministry of the late Rev. John Gourlay, whose son William was a surgeon, and frequently visited her during her somniferous periods. Mr. William Shaw, private teacher, was present at some of Mr. Gourlay's visitations, when he applied singed feathers to her nostrils; and at his request he applied them in such a manner, that the flame touched her nose and face during the time of burning, but she never showed the least symptom of feeling; and to put suspicion beyond doubt, her neighbours frequently put private marks on her bedclothes when or before they retired to rest, and in such a way, that if she had made the smallest stir in the course of the night, the marks must have been removed, but never in the morning, when inspected, had they deviated from where they were placed.

During one of her sleeping fits, it was ascertained that she had taken a drink of water during the night, it being placed close to her bedside; but at no time could it be observed by any of the neighbours who from time to time frequently visited her, that ever she had touched her store of provisions during the time she slept. The last sleeping fit she had came on in the summer season of 1834, and lasted three weeks, and she died of an exhausted constitution three days after she awoke from it, at the age of fifty-six years.

These facts can be authenticated by many respectable people in the parish where she lived, who knew her well, and are still in existence, several of them being relations of her own. During the winter of 1828, I treated her for a neuralgic affection in the region of the heart.—*Lancet.*